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ABSTRACT

This paper systematically reviews research on the effectiveness of collaborative school-linked programs. It first briefly discusses the history and current stage of practice of such programs, and then summarizes the design and findings of 55 school-linked programs with collaborative elements. Advocates of collaborative programs believe that making agency services available in one location will increase the efficiency and effectiveness of service delivery. Many different types of collaborative school-linked programs have been implemented to target at-risk students. A literature review was used to select the programs considered in this analysis, and these programs were then divided into the following categories: (1) parent education, school readiness and life skills; (2) teen pregnancy prevention and parenting; (3) dropout prevention; (4) alcohol and drug use and abuse prevention; (5) integrated services; and (6) parent involvement. For each area, an overview of programs, the type of research design and evidence collected, and results are highlighted. Overall, outcomes of these programs are positive, with integrated services the area with the highest percentage of positive outcomes. A bibliography lists 44 sources by program area. (Contains 10 tables and 34 references.) (SLD)

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ED 399 314

School-Linked Services: A Research Synthesis

by M. C. Wang, G. D. Haertel, & H. J. Walberg

The National Center on Education in the Inner Cities

U.S. DEPARTMENT OF EDUCATION
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INTRODUCTION

Since the late 1980s, Americans have been inundated with media reports describing the increasingly dire circumstances surrounding our nation's children. Families in the United States are beset by urgent problems, including poverty, teenage pregnancy, single parenthood, substance abuse, limited health care, and inadequate and unaffordable housing (Levy & Copple, 1989). These problems place children at risk of educational failure and, by necessity, place schools at the center of interconnected social problems. Public and private community agencies provide services such as counseling, financial assistance, medical treatment, and job training for at-risk children and their families. Many of these agencies, however, are subjected to heavy caseloads, limited resources, and isolation from other related service providers (Chang, Gardner, Watahara, Brown, & Robles, 1991). Many professional groups now agree that the problems of at-risk children and their families cannot be tackled by our schools alone (Council of Chief State School Officers, 1989). Kirst (1991a) warns that schools may no longer exist in isolation, relying on their school boards and separate property taxes to guarantee the well-being of students and programs. Rather, broader social policies must be established to protect the nation's at-risk children and their families. One response to the call for broad social policies has been the establishment of interagency, collaborative programs that link schools and other service agencies.

A variety of programs for school-linked health and human services delivery are being created across the country to implement innovative strategies to provide services to children and youth in high-risk circumstances. These programs reach out to those at greatest risk and mobilize resources to reduce and prevent school dropout, substance abuse, juvenile delinquency, teen pregnancy, and other forms of so-called "modern morbidity." Nearly all of the "school-linked" programs seek to develop feasible ways to build connecting mechanisms for effective communication, coordinated service delivery, and mobilization of the latent energies and resources of communities.

Although educators and social service agencies have enthusiastically embraced collaborative programs, their effectiveness has not been empirically established. Most innovative programs have not provided evidence of replicable, long-term, beneficial effects on students. The lack of empirical bases for assessing the near- and long-term impact of these innovations has been noted as a source of concern. Schorr (1988) concludes that: "Many Americans have soured on 'throwing money' at human problems that seem only to get worse. They are not hard-hearted, but don't want to be soft-headed either" (p. xvii). Increasingly, many Americans recognize the problem of costly social programs that are not evaluated for their effectiveness through careful documentation of immediate, intermediate, and long-term effects. They argue that evaluators too often assess only the impact of narrowly defined services, but fail to assess the combined effects of multiple-focus interventions. Policymakers, on-line professionals in

schools, and the various service delivery agencies do not have adequate information about program features and the implementation of innovative programs. A data base of systematically collected empirical findings on the range and relative effects of collaborative school-linked services serving at-risk children and their families is just being established.

This paper systematically reviews research on the effectiveness of collaborative school-linked programs. It first briefly discusses the history and current state of the practice of collaborative school-linked programs. Then the design and findings of 55 school-linked programs, which have collaborative elements that have been either evaluated or researched, are summarized. Finally, conclusions are drawn concerning the impact of these programs on students and families, and implications for research and practice are discussed.

A Brief History of Collaborative School-Linked Services

Since the 1890s, improving the plight of at-risk children has been one of the goals of school systems in the United States (Tyack, 1992). For over 100 years reformers have advocated using schools as a base from which a number of social ills could be remedied. Tyack (1992) provides a historical analysis of the development of school-linked services that documents the waxing and waning popularity of collaborative programs to meet the needs of at-risk students and their families. He finds that the past century has demonstrated that school reform, including the provision of health and human services, typically occurs from the top down, with advice from the community being ignored and programs intended for the poor frequently rooted in the wealthiest communities.

Reformers in the 1890s campaigned for increased services for at-risk children. They advocated medical and dental examinations, school lunches, summer academic programs, recreational activities, and school-based child welfare officers. Many of the health-oriented programs of the 1890s were based on a philosophy of improving the human capital of the nation's children and ensuring equal educational opportunity for them. However, reformers were not convinced of the capacity of parents, especially immigrant parents, to provide for all their children's needs. Sadly enough, social reformers rarely sought input from parents as they designed and implemented these new services. In his analysis of health and human services in public schools from a historical perspective, Tyack (1992) notes that, while parents recognized the value of health and medical services provided, including improved nutrition, access to physical education, and academic remediation, some parents found these programs intrusive and sometimes fought these reforms to preserve their own authority, as well as their ethnic, religious, or community values. Political reactions to these programs varied. Conservatives expressed concern that

the school's academic mission would be diluted. Progressive educators lauded the new services and believed that without these services students would drop out of school. Financial officers worried about finding money to support the new services. Despite these varied reactions, collaborative school-linked services were entrenched in our nation's public schools by the end of the 1930s.

Tyack (1992) reports that during the Great Depression, budgets and staffs for school-based services, especially those devoted to improving children's health, increased. By 1940, almost all cities over 30,000 had some form of public health service (70% run by the schools, 20% by health departments, and 10% by a collaboration of both). Other services, such as lunches and mental health, did not enjoy such sustained commitment but reappeared after World War II. During the late 1940s, school lunches became the norm, despite conservative fears of establishing a paternalistic state. Mental health programs were instituted in well-to-do school districts during the 1950s and in poorer ones in the 1960s to address the dropout problem. During the 1960s, education was viewed as the vanguard against poverty, and funding for school-based social services was increased. The collaborative programs established after World War II were more sensitive to the limitations of top-down models of reform and involved a greater degree of community participation. The enlarged role of the community, however, sometimes spawned conflicts concerning program goals and operations among community groups, school officials, and service agencies. Despite these difficulties, Lyndon Johnson's "War on Poverty" had reached millions of children by 1970, and collaborative programs had found a niche in public schools. Collaborative programs received support from influential community groups; did not clash with prevailing instructional approaches; and met some of the needs of poor, at-risk children.

Tyack (1992) showed how collaborative programs were transformed as they became established in the public schools. To handle truancy, for example, some of the school social workers became part of the school's bureaucracy. This change represented a shifting of goals among school social workers. In an effort to enhance their professional status, some social workers began to base their work on models from mental health and psychology, while others began to work with more privileged clients. To ensure the political viability of new social services, legislators often generalized such programs to the general public. Services were delivered best in wealthy communities with large property tax bases. Thus, both the children of the wealthy and the poor became recipients of collaborative interagency services originally intended only for at-risk students.

During the late 1970s and early 1980s, the role of the schools shifted toward producing students who could compete in the global marketplace and maintain the nation's competitiveness. This shift combined with significant budget cutbacks reduced some of the social services provided. Despite the

reduction in services, teachers accounted for 70% of all school employees in 1950 but only 52% by 1986, indicating that schools had become multipurpose institutions that looked beyond the academic performance of their students (Tyack, 1992).

Not everyone views collaborative programs and school-linked services as the panacea to meet the needs of at-risk students. In the controversial book Losing Ground, Charles Murray (1986) argued that government services, including school-linked collaborations, produced long-term negative consequences for recipients. He maintained, for example, that raising welfare benefits increased the welfare rolls and that school-based health clinics contributed to the increase in the number of unmarried pregnant teenagers. Murray cautioned policymakers of the unintended effects that may emerge as government services proliferate.

Kirst (1991b) identified several approaches to reducing the problems that surround at-risk children and families, including the use of vouchers, tax credits, a negative income tax, and less costly approaches (such as traditional parental care for children). The scope of this paper, however, is limited to the effects of collaborative school-linked services in meeting the needs of at-risk children and their families in an attempt to answer the question: Do collaborative school-linked services have a demonstrable impact on the lives of the at-risk children and families they serve?

The Current Status of Collaborative School-Linked Services

In Within Our Reach: Breaking the Cycle of Disadvantage (Schorr, 1988), Lisbeth Schorr unambiguously set forth the belief that today's complex social problems can be ameliorated through collaborative social programs. Over the course of 20 years, she gathered information from researchers, practitioners, administrators, and public policy analysts. Based on research on risk and protective factors, she identified risks that affect the lives of children, including premature birth; poor health and nutrition; child abuse; teenage pregnancy; delinquency; family stress; academic failure; persistent poverty; inaccessible social and health services; and inadequate housing, medical treatment, and schools. She argued that these risks require a societal response, not simply a response from the at-risk child or family.

Schorr held that there is plenty of information available on both risk factors and effective interventions to guide action. She identified three principles that capture the role and function of collaborations in breaking the cycle of disadvantage: (a) a call for intensive, comprehensive services that address the needs of the "whole" child and the community; (b) a recognition that the family should be

supported, not displaced, by other social institutions; and (c) a shift in efforts from remediation to early intervention and eventually to prevention. She is one of many advocates calling for collaborative, integrated services to supplement the schools' role in society (see Behrman, 1992; Chang et al., 1991; Hodgkinson, 1989; Melaville & Blank, 1991; Morrill & Gerry, 1991; National Commission on Children, 1991).

Levy and Copple (1989) provide evidence of state-level actions that support the formation and implementation of collaborative, integrated school-based services from 1975 to 1989. They record that in that 14-year period, 15 written agreements were prepared; 20 interagency commissions were formed to coordinate state and local agencies; 88 committees, commissions, and task forces were convened; and 63 collaborative programs and projects were implemented. These counts demonstrate the groundswell of state-level efforts to develop collaborative, integrated services. Further evidence of the popularity of collaborations was recently reported in the 24th annual Gallup poll that showed that 77% of adults polled favored using schools as centers to provide health and social-welfare services by various government agencies ("Public in Poll," 1992).

A Definition of Collaborative School-Linked Programs

Reflecting such thinking, many new educational programs have collaborative elements. Bruner (1991) identified three critical features of collaborative programs: joint development and agreement on common goals and objectives, shared responsibility for the attainment of goals, and shared work to attain goals using the collaborators' expertise. Bruner also found that because collaboration requires shared decision making and consensus building, it cannot be imposed hierarchically. He pointed out that collaboration is not simply increased communication and coordination, but rather requires the development of new joint goals to guide the collaborators' activity. Morrill (1992) asserted that collaboration requires concerted action among committed partners. In this paper, collaboration is defined as the process of achieving a goal that could not be attained efficiently by an individual or organization acting alone.

Rationale for Collaborative Programs

Larson, Gomby, Shiono, Lewit, and Behrman (1992) described the prevalence of children's problems, including increases in incidence and costs. They cited, for example, increases in juvenile delinquency and the need for foster care. Other types of children's problems, such as dropout and teenage pregnancy rates, have decreased, but become costlier in terms of benefit expenditures and reduced

productivity. Statistics collected on children's problems appear to support the need for new approaches to service systems. Melaville and Blank (1991) identified four flaws in the current system of organized services for children: (a) a crisis-oriented system that does not prevent problems, (b) the compartmentalization of problems into rigid categories, (c) the lack of communication among various agencies, and (d) the provision of specialized services that are not able to address the interconnected problems of children and their families.

Kirst and Kelley (1992) asserted that instrumentalism and incrementalism constitute the dominant political pattern evidenced in policy toward at-risk children. Instrumentalism is the justification of social interventions by the economic or social returns they produce. Increasingly, individuals recognize the nation's future will require increased productivity on the part of all segments of society, including underprivileged families and their children. Therefore, it becomes useful for society to invest in school-linked services as a method for meeting the needs of these families. Incrementalism is demonstrated, according to Kirst and Kelley (1992), in the legal practice of *parens patriae*. In the United States, social interventions only occur in cases of extreme parental and familial dysfunction. Preventive action is very rare. *Parens patriae* is also related to the traditional American belief in limited government. Given the federal budget projections, it is likely that collaborative school-linked services will be implemented to increase the efficiency and effectiveness with which social and health care services are delivered to at-risk students and their families.

The development of collaborative school-linked services is a strategy for meeting the complex needs of children and their families. Advocates of collaborative programs believe that making agency services available in one location, coordinating the goals of the agencies, and involving families, agencies, and schools in the development of the goals will improve at-risk students' quality of life.

The Role of Schools in Collaborative School-Linked Services

Schools have become the location of choice for collaborative programs. Larson et al. (1992) explained why schools should serve as the central location for a multitude of agencies that provide services for children. They argued that schools are enduring institutions that play a critical role in the life of communities. Schools have played this role in the past (Tyack, 1992), and thus can deliver these services to children and their families in a less stigmatizing manner.

Wang, Haertel, and Walberg (in press) described the relationship between educational achievements and children's at-risk status. Because education is a critical component in children's future economic success and personal welfare (Walberg, 1987), many individuals support the location of

noneducational services in the local school. These services can help guarantee the educational accomplishment of children. Arguably, schools, which are the prime vehicle for delivering academic services, should be a central location for noneducational services. An example of schools as a center of community services is demonstrated in some AMERICA 2000 schools, which highlight local communities as the heart of educational reform efforts (U.S. Department of Education, 1991).

Types of Collaborative School-Linked Programs

Many different types of collaborative school-linked programs have been yinitiated and targeted toward the needs of at-risk students (Levy & Shepardson, 1992; Temple University Center for Research in Human Development and Education, 1990). The types of collaboratives currently being implemented include those directed at parents of young children, teenage parents, pregnant teenagers, dropouts, homeless children, and alcohol and drug abusers. According to Levy and Shepardson (1992), there is no single model for collaborative school-linked services. Rather, experience shows that collaborative programs emerge out of the needs of children and families in local communities. They described collaborative school-linked services in terms of the goals of the effort, the services offered, the location of services, and the parties responsible for providing the services. Another common characteristic of collaborative programs is the provision of curriculum, services, or both.

Collaborative school-linked programs can be curriculum-based, service-based, or both. Curriculum-based programs provide knowledge to recipients. For example, dropout programs may provide remedial instruction in basic skills, while teenage pregnancy prevention programs may provide information on conception, contraception, and pregnancy. Other examples of curriculum-based collaboratives include programs that teach new mothers and fathers about their children's developmental stages, supply information on the effects of drug use, or provide educational activities for preschool children. Still other curriculum-based programs devote time not only to providing information but to teaching new skills. One example is the drug prevention program that not only provides knowledge about the effects of drug use, but also teaches refusal and coping skills. Programs to increase the employability of graduating students may provide information on how to use the newspaper to find job listings and teach new communication skills that can be valuable in interviews. Classes that teach new parents skills in disciplining children and providing a stimulating and supportive home environment also exemplify this approach.

Some collaborative school-linked services rely on the provision of a range of services to meet the needs of the targeted clientele. For example, some collaborative programs extend health and mental

health care, recreation, housing, day care, substance abuse treatment, transportation to appointments, and other services. Collaborators in these programs also vary. Some of the earliest modern collaborative programs were those in which parents became more actively involved in their children's education. These parent involvement programs brought teachers and parents together to improve the academic achievement of children. Other collaborative programs involved health care workers, social workers, psychologists, university researchers, businesspeople, community volunteers, and peers.

Levels of Collaboration

Collaboration can occur at different levels of the agencies and schools involved. Bruner (1991) identified four levels of collaboration. The first level describes interagency collaboration at the administrative level, often at top managerial levels in state and local governments. This level of collaboration often results in the creation of task forces, coordinating councils, changes in staff organization, or incentives and job evaluation systems to promote interagency collaboration. The second level of collaboration involves giving incentives to service delivery workers for working jointly with staff in other agencies. At this level, service workers develop a knowledge base about other resources in the community that can be used to meet the needs of clients. The third level of collaboration involves changes within a single agency. At this level, service workers are encouraged to help clients by going beyond procedures and rigidly applied rules. New policies are established that allow service workers and their supervisors to interact collegially and handle individual cases in ways that promote a balance of responsibility and authority. This increases the capacity of service workers to collaborate successfully with clients and invoke a more diverse range of services than typically available. The fourth level of collaboration exists between the client or family and service workers. In this type of collaboration, the service worker and the client work jointly to identify needs and set goals in order to increase the self-sufficiency of the client. This level of collaboration often requires creative problem solving and cannot be accomplished in rigidly bureaucratic systems.

Bruner's (1991) four levels of collaboration apply to schools and social-welfare, juvenile justice, mental health, and community services. Although collaboration often occurs first at the top management level or at the fourth level reflecting worker-client relationships, it can begin at any of the levels. As reported by Levy and Copple (1989), many top-level initiatives are currently promoting statewide collaborations. Findings from a systematic review of 55 collaborative programs reflecting the fourth level of collaboration between children, parents, peers, social service workers, schools, and health care agencies are discussed in the next section.

AN ANALYSIS OF EXTANT PROGRAMS

The Literature Search

A description of the library search and the selection criteria used to identify the final corpus of 55 sources included in the current review is presented below. The coding procedure that was applied to each source is described, and some general characteristics of the final set of 55 sources are presented. The limitations of the review are also identified.

The authors used several search strategies to identify the studies of collaborative programs analyzed here. A search was made of relevant professional journals in education, public health, public policy, and social services, including those geared toward professionals such as school nurses and social workers, as well as those oriented toward researchers. Particularly helpful was the article entitled "Evaluation of School-Linked Services" (Gomby & Larson, 1992), which identified 16 current collaborative programs. In addition, a search of the Educational Resource Information Clearinghouse (ERIC) yielded hundreds of reports. The 1992 annual program of the American Educational Research Association (AERA) was also examined, and relevant conference papers were secured. Finally, 45 different organizations were contacted, including state and local agencies as well as project staffs (see Table 1). These efforts resulted in the identification of a number of "fugitive" documents that were available only from the agency sources and are not yet available in libraries. The authors analyzed these reports and articles further to ensure that the programs were collaborations and that the reports contained evaluative information.

Criteria Used for Source Selection

A few basic criteria were used for the selection of sources for this study. All sources had to present results from programs involving school-based collaboration. In any single program, the school could be involved as the provider of academic services, the central location where families access social and health services, or the goal of the program (i.e., readiness programs prepare children for success in school). The programs selected addressed the needs of students from preschool to high school. Although some collaborative programs included college students, none focusing on college students was selected for this paper. Collaboration or integration among institutions and agencies was a primary aspect of programs selected. All the programs were designed to impact the lives of children or their families; were implemented in the past decade; and contained an outcome-based evaluation or some measurement of short-term, intermediate, or long-term results. Some evaluations contained process or implementation

data, but process data was not required for a study or evaluation to be included. Although results from meta-analyses and quantitative reports were included in this paper, no secondary analyses were used.

Coding Features of the Sources

Table 2 details the 10 kinds of information used for coding each source and the studies and programs described in each source. Because this investigation included journals aimed at practitioners and researchers, the types of sources included narrative reviews, interventions, program evaluations, meta-analyses, and correlational studies.

First, the type of source (e.g., narrative review, program evaluation) was coded, and limitations, such as very small sample size, lack of a control group, or poor instrumentation, were noted. The term "methodological limitations" was applied to sources that exhibited these problems. Sample size refers to the total number of clients or program sites in the treatment and control groups. For meta-analyses and quantitative syntheses, the sample size refers to the number of studies analyzed. The characteristics of the sample were also coded. That is, the at-risk population served by each program was identified. Program goals and outcomes were recorded for each study. Goals were not inferred, although unintended outcomes were recorded when relevant. The collaborator category describes the partners in the program being evaluated or described.

Evidence reported was categorized as numerical (including frequencies, percentages, means, and standard deviations), statistical (including hypothesis and significance testing), or qualitative (including anecdotes, client statements, or administrator perceptions). Data collection tools were recorded, including all methods of gathering information, such as school records, interviews, performance tests, achievement tests, and others. In the case of meta-analyses and quantitative syntheses, the data collection tools category includes all means used by the various studies cited. Cost data from the studies were broken down into three categories: none, minimal, and cost-effectiveness or cost-benefit analysis. When only a budget or program costs were mentioned in a report, that information was coded as minimal. The final category, curriculum-based versus services, describes whether the collaborative program provided education, services, or both to its clients. Examples of curriculum-based and service-based approaches to meeting client needs are presented in Table 2. If information was not available for one or several of the categories to be coded, then the notation "not stated" was entered on the coding form.

General Characteristics of the Final Corpus of 55 Sources

The sources used in this review contain articles from journals, ERIC documents, AERA papers, and program evaluations, all published since 1983. The 55 sources identified were then divided into six categories: parent education, school readiness, and life skills; teen pregnancy prevention and parenting; dropout prevention; alcohol and drug prevention and abuse; integrated services (programs designed to integrate services from a variety of different agencies and address multiple risk factors); and parent involvement. Many of the 55 sources contained descriptions and evaluations of more than one collaborative program. In those cases where enough information was available, each of the programs cited was included in the analysis. In the case of meta-analyses, however, no such attempt was made to separate out information from each of the studies cited. Six types of data sources comprised the final corpus (see Table 3).

Limitations of the Search Procedure

The literature describing collaborative programs is vast, and much of it is composed of internal documents that are difficult to obtain. This review examined primarily published studies and, thus, is subject to the biases of such papers. The primary limitation of published papers is that they tend to report positive and significant findings. However, some "fugitive" documents were obtained; their results, like those reported in published journal articles, were largely positive. Thus, this paper reports findings that are largely representative of what is known about the effectiveness of collaborative programs.

Of greater concern is the lack of information available on the magnitude of effects. This paper provides convincing evidence on the direction of outcomes, but not on the magnitude of effects.

Results within Programmatic Areas

The results from the present review are organized under six programmatic areas. For each area, an overview of programs is presented, the type of research design and evidence collected is described, and results are highlighted. Finally, a summary of outcomes across the six programmatic areas is presented.

Parent Education, School Readiness, and Life Skills Collaborative Programs

The effectiveness of parent education, school readiness, and life skills programs has received attention since the 1960s when Head Start programs were regarded as a means of opening up the opportunity system and educating poor preschool children. As Head Start, parent-child centers, and other early intervention programs were implemented, social scientists were advocating the design of intervention studies and the use of social science methods to evaluate their effectiveness (Hewett, 1982). Of the six programmatic areas, parent education, school readiness, and life skills is the most thoroughly evaluated and researched (see Table 4).

Overview of Programs

In the past, collaborative school-linked service programs designed to enhance parent education, school readiness, and life skills have had program goals that focused on improving low-income parents' ability to promote the skills and habits of their young children, thus helping the children compete in large, middle-class environments. More recently, these programs have activated community resources to improve family conditions, parental competencies, and maternal behaviors that can contribute to the child's and family's healthy development. Most of the programs articulate goals that focus on family

literacy, children's academic achievement, and the provision of health and social services to families. The recipients of these services tend to be low-income parents who have young children and little education and are living in urban areas. Some of these programs are directed, in particular, at teenage parents.

The collaborators involved in these programs include schools; social and health care workers; and, occasionally, private foundations, universities, and churches. Typically, these programs provide a combination of curriculum-based information and health and social services. The types of curriculum provided include information for parents on developmentally appropriate activities for their children, child-rearing practices, and self-help programs to develop parents' and children's literacy skills. The services most typically delivered include home visits by nurses and social workers, transportation to appointments for families, counseling, health screenings, and, occasionally, access to a parent resource center. Of the 18 programs described in this programmatic area, 16 of these programs were found to provide a combination of curriculum-based information and services.

Research Design and Evidence Collected

Eight sources were examined in this programmatic area. These eight sources reviewed results from 18 programs. The 18 programs included 10 program evaluations; a narrative review that summarized six interventions; an intervention study; and a narrative description of a single program. Of the 18 programs reviewed, 11 employed control groups, and 11 collected more than one wave of data. Also, within the 18 programs, 13 conducted statistical tests of their outcomes. All but three of the programs reported percentages and other numerical indices, including means and frequencies.

There was a wide range of data collected in these programs, including maternal interviews, maternal self-report measures, videotaped observations of mother-child interactions, measures of attachment, measures of ego development, maternal and child intelligence tests, medical records, anecdotal reports, assessments of the home environment, records of community resource use, and birth weights of infants. In general, the paper-pencil measures used were published instruments with established reliability and validity. Although it is commonly acknowledged that implementation of collaborative school-linked programs of this type is costly, the published accounts fail to address this issue. None presented any cost data associated with the implementation of a given program.

Results

High rates of attrition were reported in many of the 18 programs reviewed. Results from the programs suggest that there were often program-favoring effects on maternal behaviors and mother-child interactions, while the effects on infant development were more modest. There were also program-favoring effects on the use of community resources and parental participation in job training and employment. However, there were more mixed effects on parental teaching skills; some programs were more successful than others, depending on the amount of time that was spent focusing on maternal interactions and other specific behaviors. Overall, however, the programs included in the present review tended to show success in influencing the outcome domains closest to their emphases, for example, children's readiness for school, parenting skills, maternal development, and use of community resources. The long-term effects of these programs are more equivocal. Some earlier evaluations of preschool programs, such as Head Start, showed that children's academic advantages fade over time, but social and behavioral effects, such as incidence of retention, special education placement, and remaining in school, support the effectiveness of these programs (Lazar, Darlington, Murray, Royce, & Snipper, 1982).

Teen Pregnancy and Parenting Collaborative Programs

During the past two decades, interest in adolescent parents, particularly teenage mothers, has greatly increased. Some teenage parenting programs have been around for as long as 20 years, but formal evaluations are rarely available. There have been few efforts to evaluate the immediate, intermediate, or long-term effects of these programs (Roosa, 1986).

Of the six programmatic areas, teen pregnancy and parenting collaboratives have received the least attention from the research community. Only six sources were identified, and they describe seven collaborative programs. Five of the seven programs focus on teen parenting and only two on teenage pregnancy prevention programs (see Table 5).

Overview of Programs

Teenage pregnancy prevention programs typically have two goals: (a) to provide information about birth control, sexuality, and pregnancy to teenagers in order to prevent pregnancies; and (b) to provide contraceptives. On the other hand, teenage parenting programs often have three goals: (a) to provide knowledge about pregnancy and birth control, as well as information on child development and parenting skills to teenage mothers; (b) to promote the mother's completion of her high school education; and (c) to promote increased employability and job skills for teenage mothers.

Teenage parenting programs are targeted for teenage mothers, particularly first-time, unmarried, low-income, pregnant teenagers. Teenage pregnancy prevention programs are targeted at the more general population of young women who are of childbearing age. Occasionally, prevention programs have been designed for particular ethnic minorities, such as African-American teenagers living in urban areas.

The collaborators involved in teen pregnancy and parenting programs are diverse. Usually, schools, home nurses, Planned Parenthood, and other health and human services agencies are involved in prevention programs. In the programs designed for pregnant teenagers, there may be obstetricians, midwives, pediatricians, and nutritionists involved. Less frequently, departments of pediatrics and of gynecology and obstetrics from university medical schools participate.

Teen pregnancy prevention and parenting programs usually provide curriculum-based information and services to their teenage clients. The pregnancy prevention programs often develop a curriculum that provides information on birth control, sexuality, and family life education. Services to these students might include counseling, medical examinations, and contraceptives. The curriculum provided to pregnant teenagers who will soon be parents addresses not only issues of birth control and sexuality, but also provides information on child care such as child development and health education. Topics such as prenatal care and job training are also popular. The services made available to pregnant teenagers include prenatal care, transportation to medical appointments, nurse home visitations (both pre- and postpartum), medical examinations, well-child care, and developmental screening of children. Of the five teen parenting programs, four provided both curriculum-based information and services to clients; the fifth program provided services only. Of the two teenage pregnancy prevention programs, one provided both services and curriculum-based information, and the other provided only curriculum-based information.

Research Design and Evidence Collected

The six sources summarized in this programmatic area include two narrative reviews and four intervention studies. Of the seven programs reviewed, six were evaluated using a control group for comparative purposes. Three of the seven programs had a longitudinal design.

The data collection tools used were primarily interviews, self-reports, pre- and post-knowledge tests, and school records. Occasionally, measures of student attitude and maternal IQ were used. Three of the seven programs employed statistical tests; the remaining four programs made use only of numerical data, including percentages, means, and frequencies; and one of these programs reported some qualitative results. No cost information was reported.

Results

Results from the teen parenting programs reveal that clients' knowledge about pregnancy, reproduction, and birth control increased. One program showed evidence of a decreased willingness to engage in sexual activity at a young age. Most of these programs did not examine client attitudes toward the risk of additional pregnancies. Of the three programs that examined school retention of pregnant teenagers, all showed positive effects for immediate retention after the child's birth. One program examined the retention of students 46 months after delivery. These results revealed that the clients displayed a dropout rate comparable to that of pregnant teenagers who had not been enrolled in the program. These programs also provided evidence of increased concern about employment and, in some cases, decreased job turnover among the teenage parents. Two of the five programs for teenage parents that examined pregnancy rates showed a decline. In the two pregnancy prevention programs, results indicated that participating in the program delayed the age of first intercourse, decreased pregnancy rates, and increased the use of birth control clinics and contraception.

Dropout Prevention Collaborative Programs

The national dropout rate has been decreasing and may be at an all time historic low (Wehlage, Rutter, Smith, Lesko, & Fernandez, 1989). While decreasing overall, local dropout rates are not uniformly low; in particular, dropout rates in urban areas remain high. The high dropout rate in urban areas has focused attention on the design of innovative programs to meet the needs of urban students at risk for dropping out. Although there have been several studies of dropout prevention programs, few have carefully evaluated the collaborative components involved. In this programmatic area, nine sources were identified. The nine sources included in Table 6 represent results from 25 collaborative programs.

Overview of Programs

Dropout prevention programs all strive to increase students' attendance and reduce their dropping out. Most also strive to increase students' academic performance and increase their probability of attending college or entering the work force. Some of the programs targeted at delinquent and truant students with histories of noncompliant behaviors set goals to increase socially desirable behaviors. One program included was designed for the purpose of identifying and contacting truant students and students who had dropped out.

The at-risk population tends to be minority high school students in urban areas with a history of high absenteeism and course failure. The innovative programs described in the book by Wehlage et al.

(1989) serve a more general population of students who are not able to conform to school expectations, as well as urban, at-risk students. Not surprisingly, there were high rates of attrition in all programs. Dropout programs tend to involve schools, parents, businesses, and departments of family and child services as collaborators and, occasionally, university and college collaborators as well. Programs targeted for more serious offenders may include the juvenile justice department.

Dropout programs often serve clients with several problems in addition to dropping out of school. For example, some of these students are involved in criminal activity, alcohol and drug abuse, or teenage pregnancy. Because of the complexity of the problems, collaborators may include drug counselors or obstetricians and other professionals providing specialized services.

Of the 25 programs reviewed, 20 provided both curriculum and service components; four provided curriculum-based information alone; and one program provided services only. The curriculum in dropout prevention programs typically focuses on remedial basic skills and vocational education. Services provided in dropout programs include counseling, mentoring, health services, home visits, and telephone calls to homes as a follow-up for absenteeism. Some programs provide coordination of Job Training Partnerships Act (JTPA) placements and preparation for the general equivalency diploma (GED) as well. Others are designed specifically around the needs of children who do not conform to typical school expectations. Special curricula reflecting the needs of these students are often developed.

Research Design and Evidence Collected

The nine sources describing dropout studies include two intervention studies and seven program evaluations. There were control groups for 18 of 25 programs reviewed, including the Wehlage et al. (1989) review of 14 innovative dropout programs. Although these programs had control groups, their degree of comparability was rarely specified. Only three of the 25 programs employed longitudinal research designs. All of the 25 programs reported numerical data, including percentages, means, and frequencies. Seventeen of the 25 collaborative programs, including the 14 programs described in Wehlage et al. (1989), contained statistical tests of data. Sixteen of these programs made use of qualitative data in their reports of program effects.

The data employed included school records (absenteeism, truancy, suspensions, disciplinary referrals, and expulsions), interviews, field notes, questionnaires, and achievement tests. Dropout prevention programs, like many of the programs reviewed, provided little information on program costs; only two of the programs provided some minimal cost data.

Results

Findings from the dropout prevention programs reveal mixed effects. All but one of the programs increased students' attendance rates. Most programs increased students' grade point averages and the number of credits earned. Of the studies that examined dropout rates, a decrease was noted. Only one program assessed the effects of a prevention program on dropout rates over time, and this program indicated a continued decrease in dropout rates. Behavioral indices across all programs revealed weak effects. There was no evidence of decreased suspensions. Graduation rates, although improved, were still low, and in many schools the number of disciplinary referrals did not decrease. There was little evidence of students having more definite graduation plans as a result of participating in the programs.

The study by Wehlage et al. (1989) explored the psychological effects of dropout prevention. Their results revealed modest positive effects of the 14 programs on social bonding, sociocentric reasoning, self-esteem, locus of control, and academic self-concept. They reported that one quarter of students in the dropout programs were receiving additional social services.

Alcohol and Drug Prevention and Abuse Collaborative Programs

For the past three decades, young people, their parents, teachers, and government officials have been dealing with the problems of alcohol and drug prevention and abuse. Despite great public attention and concerted efforts to discourage alcohol and drug use, the number of youth using alcohol and drugs has increased, and the age at which they begin using these substances has decreased. Recently, a collaborative approach has been used to tackle these problems. These collaborative programs seek to go beyond merely imparting alcohol and drug information to providing young people with counseling services, drop-in centers, and peer mentors (see Table 7).

Overview of Programs

Collaborative alcohol and drug prevention and abuse programs have one overriding goal: to reduce the consumption of alcohol and drugs. Toward that main goal, many programs have a number of ancillary objectives such as increasing knowledge about drugs and alcohol, promoting skills to cope with the pressure to use these substances, teaching responsible drinking habits, and developing positive self-esteem.

Because all young people are considered to be at risk for alcohol and drug problems, the programs target a wide population. Some programs address the specific needs of urban minorities, Native

Americans, and children of alcoholics. While some programs work with young people facing a number of risk factors, others work with students who might not be considered at risk for any other problems.

In almost all of these programs, schools were part of the collaboration. Unlike other collaborative efforts, however, peers play a significant role. Other collaborators include community and social agencies, the media, counselors, health care workers, police, and community members, especially leaders. Many alcohol and drug prevention programs use both curriculum and service components in designing programs. The curriculum focuses not only on information about alcohol and drugs, but on social and decision-making skills as well. Services include peer and other counseling, alcohol and drug-free activities, and support groups.

Research Design and Evidence Collected

The ten alcohol and drug abuse sources reviewed include one narrative review, six intervention studies, two program evaluation studies, and one meta-analysis. Several of these sources described results from more than one program; the meta-analysis, for example, reviewed results from 143 programs. Altogether, the results from 171 programs are represented in the ten sources.

This programmatic area has benefitted from the interest of the medical community. Many well-designed studies have been conducted and have provided evidence of effects. All of the studies included in the meta-analysis had control groups. In addition, three of the intervention programs also had control groups. A longitudinal design was employed in four of the programs reviewed (the number of longitudinal studies included in the meta-analysis was not stated). All but five of the 171 alcohol and drug abuse and prevention programs employed numerical data, including those programs summarized in the meta-analysis; 150 of the programs employed statistical tests of effects; and seven programs employed qualitative results. Three programs relied on qualitative data alone.

The range of data collection tools used in these programs included self-report surveys and inventories; questionnaires; interviews; pre- and posttests of drug knowledge; participant observations; performance tests, such as saliva or breath tests; and student records. Although these social programs are costly, none of those reviewed provided any information about the amount of funds they required.

Results

Data from these numerous programs provide evidence that students' use of drugs decreases as a result of participating in drug prevention and abuse programs. The effectiveness of these programs on alcohol use is less clear. It appears that the most effective alcohol and drug prevention programs are

those that deliver knowledge about the effects of alcohol and drugs to students and also provide training in refusal and coping skills. Results of studies show that students' knowledge of the deleterious effects of alcohol and drugs increased and their problem-solving skills improved with program participation. This programmatic area is able to make use of performance tests, such as saliva and breath tests, to validate program effects. Although the number of programs represented in the meta-analysis using physiological tests was not known, there does not appear to be widespread use of physiological performance measures.

Alcohol and drug prevention and abuse programs provide one of the clearest effects regarding the value of collaboration. Based on results of a meta-analysis of 143 programs, Tobler (1986) documents the superiority of programs that involve peers as collaborators. This finding is based on a mean effect size of .35, which is a moderate effect. For the 143 drug programs synthesized in the meta-analysis, a grand mean effect size of .30 was measured over all outcome measures. The average student in the peer programs moved to the 65th percentile of all outcome measures compared to the 50th percentile for control group members. Students in other types of programs moved to the 54th percentile compared to the control group's 50th percentile. This is a difference in percentiles of 11% between peer programs and other types of drug prevention programs.

The superior effects of peer programs reflect the special influence peers have on one another's behavior and the value of specific skills training. Regardless of the type of drug used, peer programs are successful at modifying student behavior. The Tobler (1986) meta-analysis seriously challenges the concept that knowledge changes alone will produce attitude changes and corresponding changes in behavior. It appears that alcohol and drug prevention programs that use peers as collaborators stand a better chance of decreasing student drug use–or at least retarding the likelihood that students will try new drugs.

Integrated Services Programs

Although the notion of integrated school-linked services for children enjoys great currency today, similar ideas have waxed and waned over the past 100 years. Medical screenings, inoculations, school lunches, and counseling for students are all examples of nonacademic services that have become entrenched in public schools across the United States during the past century. Current reformers view schools as potential sites for providing an even greater variety of services ranging from welfare to job training and from child care to juvenile justice services. Proponents of such integration argue that current service systems cannot respond in a timely, coordinated, or comprehensive manner to social problems.

They further argue that these integrated services should be school-linked, not only because schools are often the most dominant institutions in their communities, but because linking services to schools will promote academic achievement. Table 8 presents results from nine currently implemented, integrated services programs.

Overview of Programs

As the label implies, integrated services programs have a wide variety of goals. All programs seek to coordinate services, but often toward different ends. In some cases reviewed, however, the integration of services was an end in itself. In other cases, the integration of services was an intermediate goal toward ends such as lowering dropout or teen pregnancy rates. In many cases, integrated services programs aim to meet a number of different goals on behalf of children and their families. A single program might encompass goals as diverse as providing better health care and recreation, improving school attendance and achievement, decreasing dropout rates, and making community resources available to the schools.

The integrated services programs analyzed in this paper exist in urban and rural communities, at both the local and state levels. They work to bring children and their families in contact with educational, medical, mental health, legal, employment, and other social services. A wide range of students are served by these programs. Integrated services programs, for example, have been targeted at delinquent children, children from dysfunctional homes, urban minorities, and low-achieving youth.

The list of collaborators in these programs is as great as the variety of services provided. With schools serving as the nexus, the collaborators include universities, businesses, state and local governments, foundations and nonprofit agencies, health care providers, mental health agencies, community and religious institutions, parents, and peers.

While curricular elements, including knowledge and skills curricula, were common in many of these programs, none of them focused on curriculum exclusively. Of the nine integrated services programs analyzed here, two had only service components, while the remaining seven contained both curriculum and services. Services include vocational counseling, health care, a wide variety of social services, and case management.

Research Design and Evidence Collected

The nine sources in this programmatic area include one intervention study and eight program evaluation studies. Four of these nine programs had control groups, and seven employed a longitudinal

design. Seven reported results using numerical information such as percentages, means, and frequencies. Only one reported results using statistical tests. Six of the programs included qualitative data. Two of the programs were described using qualitative data alone.

The types of data collected include school records; teacher and student attitude measures; student self-reports; classroom climate measures; achievement tests; and interviews of students, teachers, and student personnel. Cost data were reported more frequently in this programmatic area than in any other. Five of the nine programs included some minimal information about costs. Often, the cost data provided only included a single dollar amount that represented the cost of running the program for one year. Occasionally, a program budget was included in the evaluation reports.

Results

Outcomes from the programs were diverse. Some programs included institutional changes as evidence of program success. Most of the programs measured success using student outcomes such as grades, attendance, student attitudes, and evidence of noncompliant behavior. Other sources of evidence included degree of parental involvement, teacher attitudes, number of services provided to clients, and number of referrals. Outcomes used to measure effectiveness are frequently measured differently, even among sites of the same project. For example, average daily attendance is measured several different ways by the 35 local sites in the Cities in Schools program (Cities in Schools, 1992).

The evaluation reports that record the effects of these programs frequently contain information describing the evolution of institutional change. Some of these reports, for example, contain descriptions of linkages among existing institutions, joint planning and budgeting sessions, the creation of management information systems, hiring of case managers, and the forming of business-school compacts.

In these evaluation reports, quantitative results of program effectiveness were typically reported as frequencies, percentages and means, and standard deviations. Because these programs were often locally designed and frequently made use of unique outcome measures, it is difficult to form generalizations about their effectiveness. Based on the integrated programs examined here, however, several conclusions can be drawn. Integrated services programs have positive effects on students' achievement tests, grades, dropout rates, and attendance. There is some evidence, based on two program evaluations, that integrated services can reduce the incidence of teenage pregnancy and delinquent acts.

Because many of these programs are relatively new, it is impossible to measure their long-term effects. Their immediate and short-term effects, however, have been examined. The number of children and families receiving services with increased accessibility should be among the most important outcomes

considered. All of the nine programs show large numbers of services being provided to at-risk children and their families. A second important outcome, which is rarely reported, is the effect of these programs on teachers. In the Jewish Family and Children's Services (1991) project, teachers reported that their knowledge of child development and sense of responsibility toward the children increased with program implementation. The evaluation conducted by Philliber Research Associates (1991), moreover, suggested that children who receive intensive case management exhibited higher academic achievement and better work habits despite increased absenteeism.

Many of the evaluations of integrated services have limited internal validity. For example, the control groups, when present, were not shown to be comparable, and the programs often had high rates of attrition. Outcomes were locally defined, and many evaluations did not collect several waves of data. In order to get a fair appraisal of the value of collaborative activities, these methodological problems must be corrected. In addition, it is essential to have sufficient cost data available so that cost-effectiveness and cost-benefit analyses can be conducted.

Parent Involvement Collaborative Programs

The idea of parental involvement in children's education is not a new one. At the turn of the century, Frederick Froebel, one of the founders of the American kindergarten movement, argued that schools should involve parents in the education of their children. Since that time, parental involvement has enjoyed consistent support as a worthy idea (White, Taylor, & Moss, 1992). Such involvement encompasses a wide array of collaboration, however. Parental involvement can include partnerships between families and schools, encouraging parents to play a role in their children's physical and emotional development, and teaching effective parenting and child-rearing skills. All of the parent involvement programs reviewed here focused on family-school partnerships (see Table 9).

Overview of Programs

School programs to improve parental involvement have not only aimed to foster greater parental concern for children's educational achievement. Typically, they have also set goals of improving students' academic performance in school and creating or improving ways for parents to have input in their children's education. In addition, not all goals are school-based. Many programs aim to empower parents, create a more intellectually and educationally stimulating home environment, and promote closer family relations.

Collaborative programs to foster parental involvement have worked with the families of children in preschool through high school. The programs described here primarily involve preschoolers and primary school students. Fewer programs involving older elementary and middle school students and their families are represented. Although many parent involvement programs are popular in rural and suburban schools and with middle-class and majority populations, the programs analyzed in this paper operated primarily in urban areas for disadvantaged, at-risk minority populations.

Schools and parents are the obvious collaborators in any parent involvement program. Some programs, however, also involve the wider community or provide support, including psychological and social services. Other parent involvement programs have brought businesses, media, and universities into collaboration with schools and parents. Although parent involvement programs sometimes provide a combination of services and curriculum-based information, the preponderance of interventions are curricular. Excluding those programs reviewed in the two meta-analyses, none of the programs analyzed in this section provided services only. Two provided a combination of curriculum and services, and the remaining one utilized curriculum only.

Research Design and Evidence Collected

The eight sources reviewed in this programmatic area represent results from over 240 parent involvement programs. The two meta-analyses included here--Graue, Weinstein, & Walberg (1983) and White et al. (1992)--synthesized results from over 230 programs. (Graue, Weinstein, and Walberg (1983) summarized results from 29 programs and White et al. (1992) from over 200 programs.) The remaining six sources reviewed included four program evaluations, one correlational research study, and one intervention study.

Both meta-analyses reviewed results of parent involvement programs that were compared with control groups, although the comparability of the experimental and control groups was not known. Two of the four program evaluations employed control groups; the remaining sources did not. From the data presented, it was impossible to determine how many, if any, of the 29 studies in Graue et al. (1983) and the over 200 studies in White et al. (1992) contained longitudinal data. Both meta-analyses did, however, take into account the internal and external validity of the studies reviewed. Of the remaining six sources, two of the program evaluations and the correlational research study collected longitudinal data. All of the program descriptions contained numerical data; only two of the programs did not report statistical tests; and approximately 11 programs were described using qualitative data.

The types of data collected included school records of attendance and grades, pre- and post-standardized achievement tests, surveys of attitudes, memory and perception tests, study skills tests, observations, interviews, records of parent training sessions, and agency logs. Three of the eight sources on parent involvement included minimal cost data, describing either total costs or average annual costs of programs. As part of the White et al. (1992) meta-analysis, the authors reviewed 20 programs cited by prominent reviewers in support of parental involvement; 18 of these programs analyzed costs. Such analysis of program costs was rare among the 55 sources reviewed for this paper.

Results

Results from the studies suggest that parent involvement programs have weak to moderate positive effects on improving children's academic performance. Although these programs improved parental involvement in children's education and led many parents to believe that school climate had improved; however, changes in academic achievement were mixed. Results from one program evaluation and the correlational research study indicated that students' reading scores improved, while their mathematics scores remained unchanged, after greater parental involvement. Another program demonstrated gains in students' art and social studies knowledge. A fourth program reported improved student achievement.

Employing effect sizes to judge the magnitude of program outcomes, the two meta-analyses cited here provide conflicting evidence about the effects of parent involvement programs. Using a set of 29 studies, Graue et al. (1983) found that programs to improve parent involvement and home environment in elementary school have large effects on children's academic learning. On the other hand, employing over 200 studies of early intervention programs for preschoolers, White et al. (1992) concluded that "average effect sizes of treatment versus no-treatment studies in which parents are involved are about the same as the average effect sizes of treatment versus no-treatment studies in which parents are not involved." (p. 118) Based on these findings, they concluded that there is no basis for parent involvement programs to claim cost-effectiveness. Possible reasons for this lack of effect include poor implementation of programs and failure to look at outcomes for families. If parent involvement is advocated because it is "a good thing" or because parents have an obligation to be involved, then these findings are irrelevant. Those hoping to achieve goals like better student performance and attendance, however, may want to consider other avenues toward those ends.

SUMMARY OF OUTCOMES

This paper provides an analysis of the design and effects of school-linked health and human services programs that involve collaborations. Overall, the outcomes of these programs are positive (see Table 10). Of the 176 outcomes, 140 (or 80%) are positive; 29 (or 16%) provide no evidence of change; and 7 (or 4%) are negative. These results provide evidence of the value of collaborative programs. Although these results seem robust, they must be treated with guarded optimism. Table 10 does not reflect the magnitude of the outcomes summarized. Many of the 55 sources did not specify the magnitude of the outcomes; and, thus, only the direction of outcomes could be reported in this paper. The positive outcomes summarized include those that reflect small, insignificant improvements and outcomes that measure large, statistically significant effects. Negative outcomes also include small and large effects.

Table 10 contains only selected outcomes reported in the 55 sources. Five of the six outcomes included are those that were commonly used in the six programmatic areas. These five outcomes include: (a) attendance; (b) achievement, grade point average, and academic grades; (c) reduced behavioral problems; (d) self-esteem; and (e) dropouts. They measure the impact of programs on children's lives.

The outcome in Table 10 labeled "special emphasis" represents the main focus of each programmatic area. For example, the special emphasis of dropout prevention programs is the reduction of dropout rates. The special emphasis of teen pregnancy prevention and parenting programs includes a decrease in the number of pregnancies, delayed onset of sexual activity, and an increase in teen parenting skills. The special emphasis of integrated services programs is the provision of school-linked services to students and their families. Thus, the outcomes summarized in the "special emphasis" column reflect whether the key program goals for each of the six programmatic areas have been accomplished.

Summary of Outcomes by Programmatic Area

All of the six programmatic areas summarized in Table 10 produce largely positive outcomes. The programmatic area with the highest percentage of positive outcomes is integrated services (95%). Parent involvement programs had the fewest positive outcomes (68%). Even if 68% is the lowest percentage of positive outcomes among the six programmatic areas, this percentage still provides empirical evidence of the efficacy of parent involvement programs.

Table 10 provides information on which programmatic areas have been evaluated using a variety of outcomes. The distribution of outcomes within each programmatic area reveals that the teen pregnancy and parenting programs included in this corpus of studies have not collected data on the more common

outcomes. Many of the outcomes for teen pregnancy prevention and parenting programs are measured by changes in knowledge of contraception, reproduction, and pregnancy. The alcohol and drug prevention and abuse programs also measure changes in knowledge. They seek to increase students' knowledge about the effects of drugs. Both teen pregnancy prevention and parenting programs and alcohol and drug prevention and abuse programs often try to develop students' refusal and coping skills. These cognitive and affective outcomes are unique to particular programmatic areas and are not represented in Table 10; instead, they are presented in the text describing the specific programmatic area.

Some programmatic areas have been evaluated using diverse student outcomes and can provide policymakers with a wide array of information about the effects of these programs. For example, parent education, school readiness, and life skills programs have been evaluated using a variety of outcome measures. Although the outcomes in Table 10 were selected because they were commonly used in evaluations, the sparse appearance of the table provides evidence that even these core outcomes are not well represented. Results presented in this paper suggest that collaborative programs need to be evaluated using the core of common outcomes identified in Table 10 in combination with unique outcome measures. Expanding the criteria used to judge collaborative programs is desirable because it increases the likelihood of evaluators detecting unintended program outcomes.

Types of Outcomes Measured

The five types of outcomes commonly used in evaluations of collaboratives (attendance; achievement, grade point average, and academic grades; reduced behavioral problems; self-esteem; and dropouts) reveal largely positive results. There was no category of outcomes that revealed less than 76% positive effects. These results suggest that collaborative programs do have a positive impact on students' cognition, affect, and behavior. These outcomes tap not only results from paper-pencil tests, but also include behavioral measures such as attendance, dropout rates, and counts of behavioral problems, such as expulsions and suspensions. The combination of paper-pencil and behavioral measures increases the internal validity of the results obtained.

Attainment of Program Goals

The outcomes summarized in the special emphasis category are also positive (77%). The special emphasis results provide evidence that the collaborative programs largely achieve the goals they set forth. However, the magnitude of the effects they achieved is not documented. Although these program produce positive results, the size of the effects may be neither statistically nor practically significant.

Therefore, the results presented in this paper must be regarded with cautious optimism. Better documentation of results is required to conclusively determine the value of collaborative school-linked services.

Some Methodological Concerns

It is difficult to establish the generalizability of the findings because many studies of collaborative programs are plagued with methodological problems, including high attrition, control groups that may not be comparable, and a wide range of unique outcomes, some of which are based on measures of unknown reliability and validity. Most of the descriptions of programs did not contain adequate information on implementation. In addition, many did not report the magnitude of program effects nor include information on costs, making it difficult to judge the practical significance of the programs.

Research on school-linked service programs that require multi-agency collaboration suffers from several methodological limitations. Several elements contribute to findings of limited value for solving the complex problems described in this paper. They include the varied (and sometimes conflicting) goals, assumptions, definitions, procedures, and analytic tools used in the design and evaluation of collaborative programs; narrowly framed research questions generated by researchers from different disciplines; and a service delivery perspective contributed by social and health care agencies. These problems are further exacerbated by the lack of good data on implementation.

Innovative programs are designed and implemented to achieve specific outcomes. It is vital, especially during initial implementation of a new program, to provide adequate resources to determine whether and to what degree project objectives are achieved. Systematic documentation and evaluation of the program's implementation and evaluation are central to the validation and refinement of innovative programs. Beyond that, they can contribute significantly to data on the design, planning, and implementation process associated with such programs.

It is generally recognized that use of the traditional "treatment/yield" paradigm within classical experimental designs is a necessary, but not sufficient, condition to understand how and why innovative programs work. The classical pre- and posttest control group experimental designs, while useful from a conclusion-oriented evaluation research perspective, are not sufficient to address such process evaluation questions as: What elements of the program need to be implemented (and at what levels) to make the program work? What are the critical features of the programs that should be observed to validate program implementation? Evaluating the "collaborativeness" of these programs posts a major challenge.

Information is needed to further the understanding of what constitutes effectiveness and the conditions that influence it. School-linked service integration programs such as those reviewed in this paper represent a major step forward in improving the chances of learning success for children and youth in at-risk circumstances, including those living in inner-city communities. However, as with most reform efforts with broad agendas, these programs are faced with many, and often competing, demands. Strategic planning, responsible implementation, and, above all, practical wisdom are required as the many dimensions of the program unfold.

CONCLUSION

Innovative programs evolve in stages of development, growth, and change. Procedures found useful in one city can be helpful to others who are initiating similar programs elsewhere. Strong efforts are needed to encourage exploration, to share ideas on solutions to thorny problems, to identify promising practices, to analyze how programs are implemented, and to evaluate outcomes. There has been insufficient opportunity for persons involved with research and implementation of school-linked service integration programs to share understandings and discuss research questions and methodological considerations. This is yet another level of collaboration that will contribute to sustained improvements. The research and evaluation will yield a much-needed knowledge base on how to provide school-linked service integration that is both feasible and effective.

Evaluating collaborative school-linked health and human services remains a challenge. Direct measures of the "collaboration" are sorely lacking. Data are needed, for example, on the accessibility of programs; the implementation processes that established the programs; the role of the principals and others in leadership positions of the various service agencies; the changing role and modus operandi of the staff; the ways in which agency staff are involved in the planning, implementation, and evaluation of the programs; and the allocation and budgeting of the cost of the services. Kirst and Kelley (1992) concluded that the educational accountability system must be altered to include outcomes that validly measure school-linked services. They suggested that in evaluating collaborative programs, outcomes must be selected that go beyond paper-pencil test scores. Educators must acknowledge the close linkage between the provision of school-linked services and academic outcomes. School-linked services should not be perceived as peripheral to the academic mission of schools, but rather as an essential component that can reduce the vulnerability of at-risk students and their families.

Data bases derived from program evaluations that focus on processes and outcomes discussed above can be expected to provide information on the technical aspect of initiating and maintaining school-

linked service integration programs, as well as on methods for improving implementation research and evaluation. Information is needed to further the understanding of what constitutes effectiveness and the conditions that influence it.

A variety of innovative collaborative school-linked programs are being created across the country as an alternative to more effectively meet the educational and related service needs of children and families. A central concern of these programs is how educators and people in various organizations can enhance one another's efforts to improve the prospects of schooling success of children and youth from families in at-risk circumstances. Agencies of the community that badly need to coordinate efforts in service to people of the city are fractionated, uncoordinated, and disparate. Schools are part of this much disconnected nonsystem.

One common underlying premise of the emerging "school-community connection" types of programs is that the challenges facing children and families stem from a variety of cultural, economic, political, and health problems. Their solutions are by nature complex. They require the pooling of resources from public and private sector agencies such as city and state health and human services departments, businesses, religious institutions, and community-based social and medical service agencies. They also require negotiation of new forms of cooperation and coordination and new ways of mobilizing the energies and resources of communities.

Another commonly shared assumption in the design and implementation of the various approaches to providing coordinated school-linked health and human services delivery is that narrow plans and commitments just to schools will not suffice to solve the growing problems that must be addressed to ensure learning success of the many children and youth who have not fared well under the current systems. The challenge is to understand the problems and resources that can be drawn and mobilized thoroughly; to help raise consciousness about the opportunities in the community, especially among those who are in a position to shape policies; and to provide resources to improve the prospect of learning success for children and youth in at-risk situations, such as those in the nation's inner-city communities.

Despite the fact that the research base and practical know-how in implementing school-community connection programs require application of knowledge and expertise from many disciplines and professions, no system is in place to communicate and share the growing body of related research findings and innovative developments among practitioners of the various fields and others who play major roles in influencing the conditions and process of education and health and human services delivery. Kirst and Kelley (1992) described operational strategies and tactics that support collaborative school-linked services. They called for significant changes at all levels of school personnel, including district

leadership, middle management, principals, and teachers. Policymakers, on-line professionals in schools, and the various service delivery agencies have limited means to access a vast amount of available information about program features and their implementation at various locations. Even for those who may have access to information generated by the multiple disciplines and professions, they are perplexed about how to systematically link the information on the varied levels of service delivery to their site-specific needs and current operations.

Despite the obvious historic and current appeal of collaborative school-linked programs, the evidence of their effectiveness is slimmer than required for a confident overall evaluation. To be sure, several programs have been adequately evaluated and show some positive effects on outcomes. Still, the evaluations that are made public may tend to be the ones with more positive results. Many reports merely describe programs and provide rudimentary information that affords little basis for recommending such programs in general and still less on the decisive features of successful programs. Although trite, it must be acknowledged that much more research and much more rigorous research designs will be necessary to arrive at general policy conclusions.

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Gutelius Child Health Supervision Study
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Table 1
Agencies, Organizations, and Projects Contacted*

Name	Location
Boston University, Center on Families, Communities, Schools, and Children's Learning	Boston, MA
Brown-Campione Research Group	CA
California State Department of Education, Healthy Start	Sacramento, CA
California Tomorrow	San Francisco, CA
Annie E. Casey Foundation	NJ
Cities in Schools	Alexandria, VA
Clearinghouse on Educational Management	Eugene, OR
Columbia University, Center for Children in Poverty	New York, NY
Columbia University, National Resource Center on Service Integration	New York, NY
Columbia University, School of Social Work	New York, NY
EdSource	Menlo Park, CA
Education and Human Services Consortium	Washington, DC
Family Resource Centers	CO and CT
Family Resource Coalition	Chicago, IL
Family Resource and Youth Services Centers	KY
Far West Laboratory	San Francisco, CA
Fresno Tomorrow, K-6 Program	Fresno, CA
W.T. Grant Foundation	San Francisco, CA
Institute for Educational Leadership	Washington, DC
Institute for Responsive Education	Boston, MA
Jewish Services	San Francisco, CA
Joining Forces (now defunct)	Washington, DC
Los Angeles Educational Partnership, Focus on Youth Program	Los Angeles, CA

Table 1 (cont'd)
Agencies, Organizations, and Projects Contacted*

Name	Location
Maryland State Department of Education, Maryland's Tomorrow	Annapolis, MD
National Clearinghouse for Alcohol and Drug Information	Washington, DC
National Council of Jewish Women	New York, NY
National Drop Out Prevention Center	
New Beginnings	San Diego, CA
New Futures, Center for the Study of Social Policy	Washington, DC
Olympia Schools Project	Olympia, WA
Oregon School Study Council	Eugene, OR
The David and Lucile Packard Foundation, Center for the Future of Children	Los Altos, CA
Philliber Research Associates	Accord, NY
Research and Training Associates	Overland Park, KS
School Based Youth Services Program	NJ
School in Communities Program	NY
Schools Partnership Project	San Francisco, CA
Southwest Regional Laboratory	Los Alamitos, CA
Stuart Foundation	San Francisco, CA
Student Service Centers	Portland, OR
Texas Education Agency	Austin, TX
United States Justice Department	Washington, DC
University of California, Graduate School of Education	Berkeley, CA
Ventura County Children's Demonstration Project	CA
Yale University, Bush Center for Child Development	New Haven, CT

* Contacted for information; not all provided evaluation or research reports.

Table 2
Category Names and Descriptions of Information Coded for Each Source

Category Name	Description of Information Coded
Author/Project	55 sources analyzed
Type of Source	Program evaluations (N=31), intervention studies (N=15), narrative reviews (N=4), meta-analyses/quantitative syntheses (N=3), narrative description of a single program (N=1), correlational research study (N=1)
Sample Size	Number of clients, sites, or programs
Characteristics of Sample	Urban/rural, minority status, income, parental education, age, poor academic performance, absenteeism, pregnancy, truancy, alcohol/tobacco/drug use and abuse
Program Goals	Stated goals of the programs only
Collaborators	Schools, parents, peers, community service agencies, businesses, universities, health care providers, day care centers, foundations and nonprofit organizations, government
Outcomes	Stated outcomes of the programs, including unintended outcomes
Evidence Reported	Numerical, statistical, and qualitative
Data Collection Tools	School records, interviews, observations, pre- and posttests and surveys, attitude measures, achievement, intelligence and developmental tests, artifacts, project logs, government records
Cost Data	None, minimal, and cost-effectiveness or cost-benefit analysis
Curriculum-based vs. Services	Curriculum includes provision of information on parenting and pregnancy, early childhood education, sex education/family life, contraception, alcohol and drug education, coping/refusing skills, self-esteem workshops, multicultural/dominant culture awareness, employability, basic skills, literacy, English as a Second Language, alternative curricula, GED. Services provided can include medical screenings and checkups, home health and social work visits, counseling and support, day care, prenatal services, telephone calls, transportation, help accessing services, and resource centers.

Table 3
Type and Number of Data Sources

Type of Source	Number of Sources
Program evaluation	31
Intervention study	15
Narrative review	4
Meta-analysis/quantitative synthesis	3
Narrative description of a single program	1
Correlational research study	1

Table 4
Features of Collaborative Parent Education, School Readiness, and Life Skills Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Dolan (1992)	Intervention study with methodological limitations	24 parents 38 students	Parents with less than 5th-grade literacy levels Children with academic difficulties in urban settings	Raise literacy skills for all family members Increase parent involvement and advocacy skills Increase children's academic achievement Create an intergenerational model of literacy Intervene in the summer reading loss phenomenon	Community organization Schools	Prevented summer reading loss (+) Improved students' social behaviors (+) Improved parents' literacy (+) Improved parents' life skills (+) Improved home environment for academic achievement (+)	Standardized achievement tests School records Rating of classroom adaptation Assessment of home educational environment	**Curr.-Based** Self-help program Reading, math, and spelling instruction **Services** Counseling Tutoring Day-care for children
Halpern (1990)	Narrative research-oriented review	4 recently completed community-based early intervention studies: **Parent Infant Project**: N=92, treatment; N=53, control **Prenatal/Early Infancy Project**: N=400, distributed across 4 different interventions **United Charities of Chicago**: N=53, treatment; N=38, control **Family Support Project**: 2 different treatments, N=34 and N=46, treatment; N=137, control 3 sites of **Parent-Child Development Centers**: Birmingham: N=162,	Teen parents Single parents Low-income parents Ethnic minorities with parents who have low levels of education	**Community-Based Early Intervention Programs** Promote family conditions, parental competencies, and behaviors that contribute to maternal and infant health, maternal personal development, and healthy child development Identify and activate latent helping resources in low-income communities **Parent-Child Development Centers and Child and Family Resource Program** Improve low-income parents' ability to promote in young children the skills and habits needed to compete in larger middle class world Improve the likelihood that children will succeed in school Provide access to broad, multifaceted social support Improve low-income mothers' general coping skills and sense of self-efficacy and personal development	Social workers Mental health agencies Child welfare agencies Health care agencies Churches Federally funded community action agencies	**Community-Based Early Intervention Programs** **Parent Infant Project** Control infants had slightly fuller gestation periods and higher birth weights (-) Mothers with poor baseline diets were less likely to improve them (-) No program-favoring postnatal effects (0) Modest program trend at 4 months showing maternal warmth (+) **Prenatal/Early Infancy Project** No overall prenatal effects (0) Few overall programs favoring postnatal effects (0) Parents who only received prenatal visits and control group members had a higher incidence of child abuse and neglect than treatment parents who were visited to 24 months (+) **United Charities of Chicago** Spotty findings (0) Most successful treatment was the weekly discussion group of 10 mothers, who elaborated more on children's play; children used more expressive language (+) Mothers in discussion groups showed some superiority on ego maturity, future orientation, and use of community resources (+) Endorsement of risk taking and expectation that children are self-directing (+) IQ decline in both treatment and control groups (-) **Family Support Project** Treatment's most marked positive effects were observed in mothers who had depressive symptoms at intake (+) Treatment infants had higher developmental scores than controls (+) **Parent-Child Development Centers** Treatment mothers comforted children more at 24 months and refrained from verbal control at 24 and 36 months (+) In teaching situations, treatment mothers gave better instructions and praise, talked and elaborated more to children, used less criticism at 36 months, and used more positive language and play stimulation with children (+)	**Parent Infant Project** Maternal self-reports of depression, support, and coping skills Maternal ego maturity Maternal IQ Barnard protocol for observation of infant feeding and teaching Caldwell HOME Ainsworth Attachment Instrument **Prenatal/Early Infancy Project** Maternal interviews Medical records Cattell Bayley Department of Social Service records Caldwell HOME Infant height and weight **United Charities of Chicago** Videotaped observation of maternal leading style and child behavior Loevinger Scale of Ego Development Maternal expressed values about child rearing, achievement, and risk taking **Family Support Project** Center for Epidemiological Studies Depression Scale Videotaped maternal-infant interaction Ainsworth Attachment Instrument Caldwell HOME Bayley **Parent-Child Development Centers** Cattell	**Curr.-Based** **Parent Infant Project** Not described **Prenatal/Early Infancy Project** Emphasis on interpreting infant behaviors, emotional needs, and need for progressively more complex interaction **United Charities of Chicago** Toy demonstrations Child rearing topics Presentation of child development activities **Family Support Project** Demonstrating parent-child activities and basic care **Services** **Parent Infant Project** Home visits **Prenatal/Early Infancy Project** Nurse home visits Service brokerage **United Charities of Chicago** Home visits Discussion groups **Family Support Project** Home visits Service brokerage Provision of transportation

(+) indicates positive outcomes
(-) indicates negative outcomes
(0) indicates no change

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Table 4
Features of Collaborative Parent Education, School Readiness, and Life Skills Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Halpern (1990), continued		treatment; N=89, control Houston: N=97, treatment; N=119, control New Orleans: N=67, treatment; N=59, control 5 sites of **Child and Family Resource Program**: 409 families: N=199, treatment; N=210, control				Treatment children scored higher on the Bayley test at 24 and 36 months (+) Treatment and control children tested at ages 8-11 showed no change in teacher-reported learning differences (0) Significantly more behavioral problems among control children (+) Treatment mothers reported more use of community resources (+) (only surveyed in one site) Treatment mothers reported greater life satisfaction (+) (only surveyed in one site) **Child and Family Resource Program** Marginally significant program- favoring effects on Parent-as-Teacher Inventory (+) At 18 months, treatment mothers showed more stimulating interaction with their children at home (+) No differences in children's health (0) No effects on parents' sense of independence (0) Significant program effects on feelings of efficacy, ability to control events, and locus of control (+) Significant program effects in percentage of mothers employed, in training, or both (37% increase in treatment, 28% increase in control) (+)	Peabody Picture Vocabulary McCarthy	
Kagan et al. (1992) Parent & Child Centers (p. 143)	Program evaluation - brief narrative	centers	Low-income families with children ages birth to 3	Provide parenting education to enhance familial interactions Provide health and social services to families	Schools Parents Social service agencies	Children in treatment scored higher on Stanford-Binet at 36 months (+) Mothers showed involvement in comforting their infants (+) Mothers refrained from verbal control of their infants (+) Mothers talked more to their children (+) Mothers expressed greater life satisfaction (+) Mothers reported greater use of community resources (+)	Stanford-Binet test	**Curr.-Based** Parenting/ child development classes **Services** Child care Transportation Health and social services Saturday program
Kagan et al. (1992) Comprehensive Child Development Program (p. 145)	Program evaluation - brief narrative	Operating in 24 sites nationwide	Poor families with children under age 1 Pregnant women	Ensure that families receive coordinated services that respond to their individual needs	Schools Universities Community- based social service agencies Health centers	No program-specific outcomes reported	Not stated	**Curr.-Based** Child care and early development education programs **Services** Referral to employment training, income support, and housing assistance services Health screenings Immunization Medical treatment and referrals Nutrition services

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Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Kagan et al. (1992) Syracuse Family Development Research Project (p. 146)	Program evaluation - brief narrative	108 families	Low-income families with children ages birth to 5	Provide a daily development program and integrated services for children ages 6 months to 5 years	Schools Parents Children Social service agencies	At age 14 program girls were found to have better school attendance and grades and boys had fewer and less serious types of juvenile offenses (+) No difference in cognitive ability at age 5 (0) 1st graders developed more positive social interaction with other children (+) More negative attitudes toward teachers (-)	Not stated	**Curr.-Based** Development programs for children **Services** Home visits
Lassen & Janey (1991)	Narrative description of a single program	1 child care center	Urban, single, low-income mothers	Provide comprehensive early childhood program for children and parents	Schools Social service agencies Public housing authority Institute of higher education Private foundation Educational coalitions Parents	Improved children's performance on social/cognitive measures (+) Enabled parents to pursue educational and employment goals (+) Increased parents' self-esteem (+) Improved quality of parents' interaction with children (+)	Interviews Social and cognitive measures Anecdotal reports	**Curr.-Based** Developmentally appropriate early childhood education
Pfannenstiel & Seltzer (1985)	Program evaluation	75 new parents and their children from 4 pilot sites	Some participants possessed at-risk factors such as single parenthood, poverty, and limited education	Provide age-appropriate information on child development Help parents increase their skills as observers of their children Provide guidance in promoting children's intellectual, language, social, and motor skills development	Schools Private foundation	Provision of 23 home visits to each participant family having over 3 years of participation (+) NPAT children scored both above national norms and comparison group on measures of intelligence and achievement (+) NPAT children demonstrated significantly more aspects of positive social development than did comparison children (+) NPAT parents were more likely to have reported having their child's hearing professionally tested by age 3 than parents of comparison children (+) NPAT parents were significantly more knowledgeable than comparison group about importance of physical stimuli in child development, discipline, and knowledge of child development (+) The higher the rated quality of parent participation in the project, the better children performed on all testing measures and indicators of social development (+) Parents reported a difference in the way they perceive their parenting role as a result of the project's services (+)	Interviews Observations Kaufman Assessment Battery for Children Zimmerman Preschool Language Scale Social development parent survey Parent knowledge survey Whisper test	**Curr.-Based** Child development **Services** Prenatal guidance for parents Periodic checkups for educational and sensory development Home visits by parent educators trained in child development Monthly support group with other new parents Parent resource center with materials for families and facilities for child care

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Pfannenstiel et al. (1991)	Program evaluation	400 families: 142 studied in greater depth	25% were one-parent families 16% of mothers had not graduated from high school 22% of families received public assistance 27% represented ethnic groups	Provide parent education services for families of children from birth to age 3 for a period of 8 months with a minimum of 4 home visits and 4 educational group sessions Provide periodic screening for children ages 1-4 to detect developmental delay and to obtain advanced ability to offer appropriate services for fostering development Provide parent education services for families with children ages 3-4 with a minimum of 2 home visits or group meetings Assist families to give children solid educational foundations	State department of education Private foundations	Provision of 22 home visits per participant family over 3 years of participation (+) 91% of children received screenings of hearing, vision, and developmental milestones or delays (+) 33% of parents reported using resource center (+) 25% of parents engaged in organized playtime (+) 74% of participants attended an average of 6 group meetings over 3 years (+) NPAT children performed significantly higher than national achievement norms (+) More than one-half of children with observed developmental delays overcame them by age 3 (+) Parent knowledge of child development significantly increased for all types of families after 3 years of participation (+) Risk factors that remained unresolved were parent-centered and required intensive efforts and resources (-) Most frequently observed risk for all families -- poor parental coping skills and family stress -- was lessened or resolved for half of the families by the completion of the program (0) For 33% of the families observed, risks were resolved by the completion of the program (-) Parents who were eager for information and put information into practice were more successful in providing supportive home environments for the socioemotional and cognitive conceptual development of their children (+) 83% of participants gave home visits their highest rating (+)	Observations in the home using Barnard's NPAT Instrument Home Inventory for Families of Infants and Toddlers 0-3 Home Inventory for Families of Infants and Toddlers 3-6 Kaufman Assessment Battery for Children Zimmerman Preschool Language Scale Social development parent survey (revised Batelle Development Inventory) Survey of parent knowledge and appropriate child-rearing practices Assessment attributes measured by an 11-item psychometric rating scale Questionnaire of parent satisfaction and program services	**Curr.-Based** Child development **Services** Home visits Hearing and vision testing Developmental testing Group meetings on age-appropriate topics Playtime and/or resource center to lend children's books, toys, and parent education materials
Young & Marx (1992) Yale Child Welfare Research Program (p. 16)	Program evaluation - brief narrative	17 women pregnant with their first child	Disadvantaged families with young children	Help disadvantaged parents support the development of their children Improve the quality of families' lives	Schools Heath services Social and child services	Long-term effects were greater than short-term effects (+) After 10 years, families were more likely to be self-supporting (+) Children achieved higher levels of education (+) Smaller family size (+) Parents were significantly more likely to report enjoying children (+) Children were more affectionate toward their parents (+) Children's IQ scores (0) School attendance (+) Children had better behavior records and were less likely to require special school services (+)	Not stated	**Curr.-Based** Infant and toddler development programs **Services** Child development assessments Pediatrician and well-child visits Social worker visits Psychologist visits Nurse visits Counseling and support
Young & Marx (1992) Infant Health & Development Program (p. 24)	Program evaluation - brief narrative	8 sites nationwide with 985 infants	Children with low birth weight Premature infants	Reduce the developmental and health problems of low birth weight and premature infants	Parents Social service agencies Schools	Higher mean IQ scores (+) Fewer maternally reported behavior problems (+) Statistically significant increase in maternally reported minor illnesses for small birth weight (-)	IQ tests	**Curr.-Based** Early childhood education at child development center **Services** Pediatric follow-up Home visits Parent group meetings

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Table 4
Features of Collaborative Parent Education, School Readiness, and Life Skills Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Young & Marx (1992) Project CARE (p 24)	Program evaluation - brief narrative	65 families	Families with educational or social disadvantages	Educate, support, and encourage parents in their care-giving roles Counter effects of discrimination and poverty Enhance children's social, emotional, and cognitive development	University Parents	No difference in serious illnesses (0) Project children up to age 3 who received educational intervention and home visits did better on cognitive measures than children receiving home visits only and no educational intervention (+) Project children did not score consistently higher than control group children (0) Difference in parents' and children's behaviors (0) Difference in home environment (0) Difference in parents' attitudes (0)	Not stated	**Curr.-Based** Early education program **Services** Weekly visits by professional educator
Young & Marx (1992) Gutelius Child Health Supervision Study (p 20)	Program evaluation - brief narrative	95 urban teenage mothers pregnant with first child	Urban teenage mothers	Promote parenting skills to enhance children's cognitive development	Nurses Medical services Child services	Project mothers had more conversations with their children (+) Project mothers responded more appropriately to children's behavior (+) Project mothers reported fewer behavioral problems than control group mothers (+) Project children had higher developmental quotients and IQ scores than control children (+) Project mothers continued education (+) Husbands remained at one job (+)	Not stated	**Services** Home visits Well-child care Support groups
Zeldin & Bogart (1989)	Program evaluation	4 program sites interviews at 10 sites with 579 families	Parents (no other information about program participants is stated)	Promote student achievement Promote home-school partnerships Enhance skills of caretakers in supporting children's academic performance	Schools Parents Community organizations	Program coordinators felt that most families completed most or all of program (+)	Re-analysis of data previously collected on home-school programs Interviews with staff and program coordinators Postprogram survey	**Curr.-Based** Not stated directly; parent education may be part of family meetings **Services** Home visits Family meetings at site

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Table 5
Features of Collaborative Teen Pregnancy Prevention and Parenting Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Herz et al (1984)	Intervention study with methodological limitations	56 7th & 8th graders	Urban, African-American, middle school students, single-parent homes	Prevent teen pregnancy Promote responsible sexual and contraceptive decision making	Social workers Schools Neighborhood health care facility Health care practitioners Nutritionists	Knowledge about pregnancy, reproduction, and adolescent pregnancy (+) Awareness of birth control mechanisms (+) Increased conservatism in attitudes toward circumstances when intercourse is acceptable: seventh graders (+), eighth graders (-) Acknowledged mutual responsibility for contraception (+)	Pre/post-attitude questionnaires Pre/post-knowledge test	**Curr.-Based** Personality development Physical and emotional changes during puberty Nutrition and hygiene Reproductive anatomies Contraception, conception, and pregnancy Familial, platonic, and romantic relationships Developing educational and career goals
Olds et al (1988)	Intervention study (longitudinal)	400 pregnant women	First-time pregnant teenagers, unmarried, low income	Promote completion of high school education Promote employment	Antepartum clinic Health department Private obstetricians Planned Parenthood Schools Home nurses Other health and human service agenices	Enrolled or graduated from high school 6 months after delivery (+) Enrolled or graduated from high school more than 46 months after delivery (0) Length of employment (+) Increased concern about employment (+) Fewer subsequent pregnancies (+) Delayed birth of second child (+)	Interviews Records from social services	**Services** Developmental screening of child Transportation for prenatal care Nurse home visitations Postpartum nurse home visitations Well-child care
Polit (1987)	Narrative, practitioner-oriented review	675 teenage mothers	Teenage mothers	Increase employability Increase job skills	Schools Health agency Welfare agency	Remain in school/labor force (+) Number of jobs held (+) Likelihood of having worked (+) Scores on test of employability (+)	Interviews	**Curr.-Based** Job training **Services** Child care
Roosa (1986) (a) Study 1 (b) Study 2	Narrative research-oriented review	(a) 31 adolescent mothers (b) 24 adolescent mothers	Teenage mothers and their children	(a&b) Help mothers continue education (a&b) Teach birth control (a&b) Teach parenting skills	Schools Teen parents Children	(a) Knowledge of human reproduction (+) (a) Attitudes about maternal role (0) (a,b) Knowledge of child development (+) (b) Knowledge of human reproduction (0) (b) Physical development of child (0) (b) Reproduction histories (0) (b) School retention (+)	(a,b) Pre/posttests of knowledge (a,b) Questionnaires of maternal attitudes (b) Interviews (b) IQ tests for teenage mother's children (b) Birth weight, height, child weight	**Curr.-Based** Family life education Child development **Services** Child care
Timberlake et al (1987)	Intervention study with methodological limitations	66 pregnant teenagers	Pregnant teenagers	Increase knowledge of pregnancy, birth control, and child development	Social workers Nurses Midwives Nutritionists Pediatricians	Knowledge of labor and delivery (+) Knowledge of pregnancy (+) Knowledge of infant development (+) Knowledge of reproduction and birth control (+)	Interviews Pre/posttests of knowledge of reproduction, child development, and pregnancy	**Curr.-Based** Health education Prenatal **Services** Medical exams

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Table 5
Features of Collaborative Teen Pregnancy Prevention and Parenting Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Zabin et al. (1986)	Intervention study with methodological limitations	1,366 boys 1,584 girls	Urban, African-American teenagers	Prevent and reduce teenage pregnancy	Secondary schools University medical school, departments of pediatrics, gynecology, and obstetrics	Knowledge of contraception and pregnancy risk (+) Change in attitudes toward teenage pregnancy (0) Delayed age at first intercourse (+) Increased use of birth control clinics (+) Increased use of contraception requiring forethought (+) Decreased pregnancy rates (+)	Self-report questionnaires School records Knowledge tests	**Curr.-Based** Sexuality Contraception **Services** Counseling Medical Provision of contraceptives

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Table 6
Features of Collaborative Dropout Prevention Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Baker & Sansone (1990)	Intervention study with methodological limitations	1,632 9th-12th graders (70 were referred for social services)	Students at risk for dropping out in urban schools	Reduce number of dropouts Increase academic performance Decrease noncompliant behavior	School administrators & support personnel Parents Community agencies	Increased retention (+)	Field notes School personnel interviews Student records	**Curr.-Based** Reading lab **Services** Mentoring Home visits Counseling Parenting classes GED preparation Liasions with community agencies
Bergin et al. (1992)	Program evaluation	50 students	Ethnic minorities	Retention in high school Encourage college attendance Develop citizenship skills Enhance academic preparation for college	Schools Universities Parents Senior citizens	GPA, end of sophomore year (0)	School records Grades	**Curr.-Based** 5 college summer institutes covering reading, writing, math, science, computer literacy, social science, urbanization, cultural field trips, and college preparation
Dayton et al. (1987)	Program evaluation	538 9th & 10th graders	High school students at risk for dropping out	Provide at-risk students with incentives to graduate and acquire labor-market-relevant skills	State Department of Education School district Corporate businesses Schools	Evidence from 2-3 well-implemented sites: gains in attendance, grades, earned credits (+) Reduced dropouts (+) Students' attitudes toward school improved significantly (+) Students' self-esteem improved significantly (+) Students did not have more precise postgraduate plans as a result of academies (0) Mean attendance up 90.5% from 83.5% (+) Mean number of credits earned up from 48.7 to 53.5 (+) Mean GPA 2.1 up from 1.9 (+)	Site visits Observations Interviews Questionnaires of teachers, administrators, parents, corporate representatives Student data records: attendance, retention, credits earned, grades Pre/post-student attitude questionnaires	**Curr.-Based** Incorporates vocational skills and knowledge into regular academic curriculum
Grannis et al. (1990)	Program evaluation	13 high schools 29 feeder middle schools; yearly average of 4,335 middle school students and 5,510 high school students	High absenteeism and course failure Principal's identification of student as at risk	Stimulate systemic interventions in high schools Experiment with the use of community-based organizations Dropout prevention	Schools Community-based organizations	Student attendance on the average did not improve (0) Students did not pass more courses (0) Dropout rates did not decrease (0) No consistent differences between outcomes for students in middle schools that employed CBO staff and middle schools that used Board of Education staff only (0) In high school, students served by combination of school and CBO staff tended to have somewhat better attendance and courses passed than students who were served only by school staff or only by CBO staff (+) Dropout prevention initiative helped high schools focus in a sustained way on the problems of attendance and dropouts (+) Lower dropout discharge rate for high school students	School records	**Curr.-Based** Alternative education program emphasizes career education and remedial instruction plus core curriculum Conflict resolution **Services** Attendance outreach Guidance and counseling Health services Job training Linkages between middle and high school School security Program facilitation

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Table 6
Features of Collaborative Dropout Prevention Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Grannis et al. (1990), continued						during the year in which they were targeted for services than for comparison students (+) Findings varied from school to school, arguing for school-based planning that accounts for specific problems and resources of each school and for accountability in a framework of goals and shared responsibility for student outcomes (0)		
Grice (1986)	Program evaluation	489 referrals to Project Return (1985-86)	Students who have dropped out of school	Identify, contact, and counsel students who have left school or are failing to attend regularly Guide these students back to school or an alternative educational program	School Parents Local law enforcement	59.7% success rate at reenrollment (+) Early identification of truants (+) School administrators feel that program is valuable (+) School administrators reserve judgment on success with reenrollment (0)	Questionnaires Interviews Unobtrusive measures Descriptive statistics Student information data Anecdotal responses of staff	**Services** Counseling Home visits Placement in school
Lee et al. (1989)	Program evaluation	87 students	Minority foster children between ages 12 and 15 who were at risk for dropping out	Help youth attend school regularly Improve their academic performance Enhance work skills Form positive attitudes toward school, work, and self	Schools University Family and child services Department of human services Business Peers	Significant gain in grades (+) Significant gain in attendance (+)	Surveys Achievement tests Observations Personal interviews Analysis of grades	**Curr.-Based** Employment training **Services** Mentoring
New York City Board of Education Attendance Improvement & Dropout Prevention (1989) (a) Project SMART (b) Enhancing basic Reading Skills (c) Cultural Diversity at Prospect Heights: Strategies for Meeting Staff, Student, Parent and School Needs (d) English as a Second Language for Adults	Program evaluation (review of 4 programs)	(a) 4 high schools serving crime victims (b) 50 students in one high school (c) 10 teachers, 45 students (d) 25 Hispanic parents	(a) Students with excessive disciplinary records, truancy, poor academic performance, and deficient basic skills; returning long-term absentees; students overage for grade (b) 9th & 10th graders in lowest quartile on standardized reading tests (c) Low- income Hispanic minorities (d) Parents of students with poor attendance, poor academic performance, and poor basic skills; students overage for grade; and long-term absentees	(a) Provide mediation services on an as-needed basis to students, parents, and teachers (a) Reduce the number of suspensions for student fighting by 20% (b) Increase students' reading achievement (b) Increase student attendance and prevent dropouts (b) Reduce truancy and dropouts (c) Provide school staff with skills to enable them to promote better academic and social adjustment for newly arrived immigrant students (c) Provide leadership training for talented students (c) Provide training enabling student leaders to obtain jobs and work in the community (c) Prevent truancy and dropouts (d) Offer Hispanic parents opportunities for self-improvement (d) Increase parent involvement (d) Reduce truancy and dropouts.	(a) Victims Service Agency (a) Schools (b) University consultant (b) Schools (c) University (c) College (c) Schools (d) Parents (d) Schools	(a) Presented outreach seminars to 2,067 students (+); 16 adults were trained in mediation (+) (a) 20 adults and 8 staff received advance training (+) (a) Number of suspensions did not decrease 20% (0) (b) 41 students completed the course (+) (b) Students' NCE scores increased from 9.04 to 16.27 (+) (b) Attendance rate for 41 students was 88%, for the school as a whole it was 78% (+) (b) Provided staff development for 7 teachers (+) (b) Provided 10 sessions of individual counseling services for 41 students and 5 group sessions (+) (c) Two 10-hour workshops for 6 teachers (+) (c) Preparation of teaching manual formalizing discussions on specific language difficulties (+) (c) 67 students attended the first leadership meeting and 45 completed the program (+) (c) Parents did not participate in leadership training (-) (c) Participation in student government increased (+) (c) Many petitions for extracurricular activities (+) (d) 20 sessions for reading instruction were conducted (+) (d) Arts and crafts and dance workshops were discontinued (-) (d) 4 informational seminars were conducted and 11 parents attended (+)	(a) Interviews with school administrators (a) School records (b) Criterion-referenced reading tests (b) Telephone interviews with school personnel (b) School records for grades and attendance (c) Project logs (c) Artifacts (teachers manual) (d) Pre/post reading tests (d) Project logs	**Curr.-Based** (a) Educate students to prevent becoming victims of crime (a) Train parents and school personnel in mediation and conflict resolution skills (a) Training in racial and cultural disputes (b) Reading curriculum emphasizing decoding (c) Leadership course focuses on interpersonal and task-related skills (c) "Live at Lunch" cultural experience with Caribbean music, workshop on leadership development (d) Offer ESL reading component (d) Field trips to cultural events (d) Arts and crafts, dance classes

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Table 6
Features of Collaborative Dropout Prevention Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
New York City Board of Education Attendance Improvement & Dropout Prevention (1989), continued						(d) 3 field trips were provided (+) (d) Parents' reading levels improved (16 of 20 scores were above 80% mastery) (+) (d) Parents were satisfied with the program (+) (d) Parents did not attend PTA meetings (-)		(d) Informational seminars **Services** (a) Hotlines (a) Crime victim offices (b) Guidance focusing on cultural barriers, supportive home environment that facilitates learning, and available community services (b) Phone calls for truancy (b) Home visits (c) Van to locate truant students (c) Special counseling for long-term absentees
Philliber (1986)	Program evaluation	24 sites with 444 students	Teenagers at risk for dropping out	Increase number of at-risk teens who complete high school education Decrease incidence of teenage pregnancy	Schools Community service agencies	Better grades (+) Decrease in suspensions (0) Decrease in dropouts (+) Decrease in subsequent pregnancies (+) One year later, continued decrease in dropout rate (+)	School records Birth records	**Curr.-Based** Self-development Family education **Services** Volunteer experience in community for participants
Wehlage et al (1989)	Methodologically sound intervention study examining effects of 14 programs with some common goals	14 high schools with distinct programs that match the characteristics of the over 2,100 students they serve (schools selected guarantee a broad range of intervention strategies)	Urban minorities Poor rural whites, Native Americans 40% of students were of lower socioeconomic status, considered to be at risk of dropping out, and not able to conform to school expectations	Vary for each of the 14 programs; among primary goals identified were: Reduce dropouts among students with a history of school failure, truancy, or disruption Prepare students for employment in the local economy, including career exploration, experiential curriculum, focus on school-to-work transition Provide support and skills to at-risk students with academic potential Provide a curriculum with a variety of firsthand experiences Provide health services and day care for pregnant teen parents Provide academic counseling for credit-deficient youth Provide smaller classes and a small school community	Schools District drug counselor Juvenile justice system Social workers Peers Health care professionals	6 of 14 schools demonstrated positive impact on many dimensions of their students' lives (+) Programs that respond to students' need for social membership can enhance students' sense of social bonding to peers, teachers, school, conventional roles, and sociocentric reasoning; the estimated mean effect size (es) for social bonding composite was .33, ranging from 1.35 to -.20; the mean es on sociocentric reasoning was .33, ranging from .96 to .18 (+) Attendance rates improved markedly in 10 of 12 programs (+) Disciplinary referrals declined in 7 of 14 programs (0) Reading achievement declined in 9 of 14 programs (-) Writing samples improved in 6 of 12 programs with scores available, quality declined in 5 programs, and remained the same in another (0) Grade point average was collected for 7 of 14 programs; in 5 of the 7 programs, mean grade point average increased markedly, in one school it declined, and in another it improved only slightly (+) Percentage of students graduating from or completing the program range from 3% to 40% of those enrolled in 1986/87 (-) Data indicate that 25% to more than 50% of students enrolled in 1986/87 will return to the program for	Observations Interviews Pre/posttests measure attitude change (Wisconsin Youth Survey, social bonding, self-esteem, sociocentric reasoning, locus of control, academic self-concept, perception of opportunity) Pre/posttests of reading level (Degrees of Reading Power) Attendance Completion rates Changes in student GPA Incidence of disciplinary referrals Provision of rehabilitative services	**Curr.-Based** Schools match interventions to differences and variations in student characteristics Respond to students' need for extrinsic and intrinsic rewards Provide a broad range of opportunities for students to develop competence Establish a school culture that supports students and provides optimism about student potential Include teacher accountability for student success, an extended role for teachers Establish a school culture that includes school ownership by teachers, including education entrepreneurship, self-governance, and

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Features of Collaborative Dropout Prevention Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Wehlage et al (1989), continued						another year; an additional 6% to 40% will return to another district; considered together, the programs are successful with slightly less than 50% to more than 75% of the students (+) In 10 of thirteen programs self-esteem increased; mean estimated es was .18, ranging from -.43 to .69 (+) In 7 of 13 programs students believed that greater numbers of opportunities were available to them and they had a greater chance of success in the future; the mean estimated es was .11, ranging from -.44 to .83 (+) In 8 of 13 programs students reported higher aspirations for further schooling; the mean estimated es was .16, ranging from -.19 to .87 (+) A more internal locus of control was reported by students in 9 of 13 programs; the mean estimated es was .20 , ranging from -.19 to .95 (+) Students' academic self-concept increased in 9 of 13 programs; the mean estimated es was .26, ranging from -.17 to .94 (+) School programs provided students with access to social services (+); 25% of students were enrolled in social service programs (+)		collegiality Establish small school structures promoting one-on-one relations among teachers and students and supporting a school's autonomy and flexibility and teachers' control over the school as a workplace Develop knowledge and skills, including perhaps remedial curriculum courses related to childbearing and child rearing **Services** Counseling with drug counselor, social workers, nurses, and teachers Coordination with local juvenile justice system and other social agencies Saturday detention Drug evaluations and rehabilitation Coordination of JTPA placements and social service support Newspapers in different languages Peer role models Home visits Child care Medical check-ups at a school-based clinic GED preparation Community role models

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Table 7
Features of Collaborative Alcohol and Drug Prevention and Abuse Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Beaulieu & Jason (1988)	Methodologically sound intervention study	5 elementary school classrooms 9 peer helpers	Urban, African-American 7th graders at risk for drug abuse	Prevent or reduce use of tobacco, alcohol, and marijuana	School Peers	Increased drug knowledge (+) Improved problem-solving skills in drug-related situations (+) Drug usage (0)	Pre/posttest on drug knowledge Program satisfaction surveys	**Curr.-Based** Drug information, decision-making and problem-solving techniques, social competency skills
Carpenter et al (1985)	Intervention study with methodological limitation	30 Native-American teenagers	Native-American teenagers	Teach responsible drinking habits	Peers	Decreased use and quantity of alcohol use (+) Decrease in peak blood alcohol levels (+) Attitudes and knowledge about drinking (0) Self-esteem (-)	Self-reports of use Breath tests School reports Drinking and Alcoholism Scale (attitudes) Coopersmith Self-esteem Inventory Hamburg et al. alcohol questionnaire (knowledge)	**Curr.-Based** Facts about alcohol and alcoholism self-control procedures **Services** Peer counseling
Crisp (1980)	Program evaluation (review of 10 programs)	10 drug abuse prevention programs in black ghetto neighborhoods in Washington, DC 21 agency surveys 33 student surveys 13 community resident surveys	Low income African Americans who are or may be at risk for drug abuse	Prevent drug abuse and addiction	School-social agencies in unspecified number of programs	Belief that short-term counseling should receive less funding (0) Belief that educational interventions should receive more funding (0) Belief that agency workers are doing an inadequate job in serving population (over 50% negative, 25% not sure) (-) Belief by students that school programs are not successful (-) Willingness to aid agency in preventing drug abuse (+)	Questionnaires Participant/observer reports Interviews	**Curr.-Based** Educational programs Recreational programs **Services** Short-term counseling Job placement Community outreach
Edwards & Edwards (1988)	Narrative, research-oriented review	4 alcohol programs	Native-American youth at risk for alcoholism and their families	Promote alternative activities to drinking Emphasize positive feelings of self-esteem and identity Provide information regarding alcohol Encourage responsible decision making regarding drinking behaviors	Parents Community leaders Professionals Social service workers Native Americans from all age groups (especially "Elders") Community agencies, including recreation and health Peers	Students report learning information about drugs (+) Students express discomfort with own drug use (+) Awareness of resources (+) Willingness to use resources (+)	Not stated	**Curr.-Based** Alternative programs to develop self-esteem and identity Information on drugs Improve decision-making abilities Clarify attitudes and values Improve communication Learn or improve health skills Develop social responsibility Identify community resources **Services** Drug-free social and recreational activities Alcoholism awareness day

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Table 7
Features of Collaborative Alcohol and Drug Prevention and Abuse Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Hansen et al. (1988)	Methodologically sound intervention study (longitudinal)	2,928 6th-10th graders	6th-10th graders in urban area	Prevent onset or reduce prevalence of tobacco and alcohol use	Schools Peers	Prevented onset or prevalence of tobacco use (+) Prevented onset or prevalence of alcohol use (0)	Pre/post self-reports on tobacco and alcohol use Saliva tests	**Curr.-Based** Information on tobacco and alcohol
Johnson et al (1990)	Intervention study	1,607 6th & 7th graders	6th & 7th graders in urban area	Reduce prevalence of drug, alcohol, and tobacco use	Schools Parents Media Community organizations	Reduced prevalence of tobacco and marijuana use relative to control group (+) Reduced prevalence of alcohol use relative to control group (0)	Student questionnaires	**Curr.-Based** Drug use resistance skills training Knowledge of psychosocial consequences of drug use
Lehr & Schrock (1987)	Intervention study	40 school nurses, exact number of students, parents, and other school personnel not available	Children of alcoholics in grades 4-6 in urban area	Develop and provide educational opportunities for school staff and parents to increase knowledge of how alcoholism affects family members Increase knowledge of problem-solving techniques and ways of coping in daily life with alcoholism Ensure that a trained person at each school site can provide support and make referrals for child, parent, or staff member who seeks help for alcoholism or chemical dependency	Schools Counselors Nurses	Increased knowledge about alcohol and alcoholism (+) Increased requests from students, parents, and school personnel for help (+) Community members offer assistance (+) Community agencies work more closely with schools (+) Continuing provision of information on drugs and alcohol (+)	Pre/posttests on alcohol awareness Compiled free response comments about program Program records	**Curr.-Based** Alcohol education **Services** Referrals support group
Schinke et al (1988) (a) Study 1 (b) Study 2	Intervention study	(a) 1,281 5th & 6th graders assigned to three conditions: coping and refusal skills with discussion, discussion only, and control (b) 61 Native-American students, mean age 11.7	(a) Adolescents (b) Native-American adolescents	(a) Prevent tobacco use (a) Teach students refusal and coping skills (b) Prevent drug use (b) Teach students refusal and coping skills	(a) Schools (a) Social workers (a) Peers (b) Schools (b) Social workers	(a) Over time self-reported smoke and smokeless tobacco use increased (-) (a) Self-reported rates of use in skills group were below the grand mean of all students (+) (a) Skills group reported lower rates of smoking at 6-, 12-, 18-, and 24-month follow-ups, compared to other groups (+) (a) Lower use rates validated with saliva tests among pupils receiving skills-based intervention (+) (b) Increased knowledge about drug and and alcohol abuse (+) (b) Held less favorable attitudes about drug and alcohol use in Native American culture (+) (b) Treatment group had higher ratings on parameters of self-control, alternative suggestions, and assertiveness under peer pressure to use drugs than control group (+) (b) At posttest, treatment group self-reported lower use of tobacco, alcohol, marijuana, and nonmedical drugs (+) (b) At 6-month follow-up, treatment group had higher scores than control on knowledge and ratings of self-control, alternative suggestions, and assertiveness (+) (b) At 6 months, less use of tobacco, alcohol,	(a) Tobacco use perceptions (a) Saliva tests (a) Self-reports (b) Pre/posttests of knowledge (b) Interactive behavior tests	**Curr.-Based** (a) Tobacco use information (a) Peer testimonials (a) Debates, games, and homework (a) Refusal and coping skills (a) Use of self-statements, problem-solving, and communication (b) Bicultural competence (b) Problem-solving, communication, social support, and competence skills (b) Refusal and coping skills

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Table 7
Features of Collaborative Alcohol and Drug Prevention and Abuse Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Tobler (1986)	Meta-analysis/ quantitative synthesis	98 research studies describing 143 drug prevention programs and producing 475 effect sizes (443 of these effect sizes were from school-based programs, 9 from social agencies, and 23 from other types of organizations)	Adolescents	Abstinence Wise use resulting in reduction of use Intervention strategy for safety Indirect interventions focus on correlates of use Direct interventions resistance to social pressure	Peers Schools Social agencies	marijuana, and inhalants (+) Increase knowledge of legal, biological, and psychological effects of drug abuse (+, mean es .52) Attitudes toward drug use (+, mean es .18) Use of cigarettes only, alcohol only, soft drugs only, all drugs (hard drugs included) (+, mean es .24) Development of affective skills, decision making, assertiveness, and self-esteem (+, mean es .24) Changes in behavior, including principal reports, parent reports, arrests, and hospitalizations (+) Changes in school grades, comprehensive tests, and attendance (+, mean es .27) Abstinence (+, mean es .16) Wise use reduction (+, mean es .35) Indirect correlates of use (+, mean es .22) Direct resistance to social pressure (+, mean es .49) Multimodal programs are more successful (+) Peer programs are superior to all types of drug prevention programs (+, mean es .35, $p < .0005$)	Paper-pencil tests of knowledge and attitudes School records Standardized test scores Parent records Physiological tests Self-reports	**Curr.-Based** Knowledge only Affective only Refusal skills Social and life skills Knowledge and affective Alternative competencies **Services** Alternative activities (youth centers) Peer counseling Peer teaching
Western Regional Center for Drug-Free Schools & Communities (1991)	Program evaluation	(a) School district with 8,000 students (b) School district with 24,000 students (c) Not available (d) School district with 12,096 students (252 in evaluation) (e) School district with over 600,000 students (f) School district with 44,000 students (1,463 data base records, 34 principals, and 39 intervention specialists surveyed) (g) Not available	(a) High-risk youth (b-g) youth	(a) Prevent alcohol and drug abuse (b) Provide integrated services to prevent alcohol and drug abuse (c) Prevent alcohol and drug abuse (d) Prevent alcohol and drug abuse (e) Improve parenting skills (f) Provide integrated services (g) Prevent alcohol and drug abuse	(a) Schools (a) Police (b) Schools (b) Western Regional Center (c) Schools (c) Public/private community organizations (d) Schools (d) Western Regional Center (e) Schools (e) Parents (e) Social workers (f) Schools (f) Western Regional Center (g) Schools (g) Home (g) Community	(a) Program has progressed well in implementation and in working cooperatively with community (+) (b) Number of students referred to SAP (0) (b) School retention of referred students (+) (c) Not available (d) Change in use of beer, wine, liquor, marijuana, and cigarettes (0) (e) Not available (f) 67% of principals say drug policy is consistently enforced (+) (f) 40% of principals indicate need for more training and technical assistance in all areas of SAP (+) (f) Less than half of intervention specialists say school has comprehensive program in place (-) (f) None of the intervention specialists indicated parent/community involvement (-) (f) Better grades, better attendance, better communication skills, and fewer behavioral problems (+) (g) Not available	(a) Student questionnaires (b) Record from SAP data base (c) Surveys, tests (d) Pre/post surveys (e) Questionnaires will be used (f) Reports from data base tracking of referrals, survey of principals and intervention specialists, interview data from school visits (g) Questionnaires will be used	**Curr.-Based** (a) Drug education and prevention program in schools and community (b) TEAM-UP curriculum based on local needs (c) K-6 curriculum for awareness and resistance (d) K-12 curriculum to prevent or reduce the use of alcohol, tobacco, and marijuana (d) Provide information on effects of drugs (d) Develop refusal and coping skills (d) Promote bonding between student and society (e) 15-part videotape series to provide instruction on effective parenting skills; drugs and alcohol use are only 1 of 14 topics (f) Drug education classes (g) Distance education about 22 televised sections on drugs and alcohol **Services** (a) Drug intervention and

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Table 7

Features of Collaborative Alcohol and Drug Prevention and Abuse Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Western Regional Center for Drug-Free Schools & Communities (1991), continued								counseling program (a) Parent support group (a) Making information accessible (b) Computerized data base to manage referral records and progress of students (c) Hotline (c) Recreational programs (c) Essay and poster contests (c) Drug-free alternative social activities (c) Training and workshops for students and staff (f) Screenings, interventions, and follow-up (f) Support groups (f) Referrals to outside agencies

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Table 8
Features of Collaborative Integrated Services Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Center for the Study of Social Policy (1991)	Formative program evaluation	4 cities	Young people at risk of alcohol and drug abuse, dropping out, teen pregnancy, violence, and unemployment	Integrate services Reduce school dropout rates Reduce teenage pregnancies Reduce youth unemployment and activity	Schools Political organizations Business Community volunteers Health agencies Community-based organizations	**Year 1** Little progress in establishing a strategy for institutional change (-) Each collaborative concerned with administrative details (-) **Year 2** Frustration with slow pace of change (-) No new linkages created among existing institutions through joint planning and budgeting (-) Creation of management information system to track condition of youth (+) Case managers hired and trained to work with about 50 students each, arranging for services to be delivered (+) Some change in school structure (school day lengthened, "clustering" within school) -- most are add-on changes (+) Enhanced or expanded family life or sex education curriculum (+) Additional nurses placed at pilot schools (+) Establishment of high school clinics (+) No agenda to address health problems (-) Business-school compacts (+) Job training and placement under federal programs arranged (+) No systematic change in opportunities for young people (0)	Not stated	**Curr.-Based** Family life and sex education **Services** Management information system Case management approach Nurses placed at schools High school clinics Job training and placement
Caring Communities/Philliber Research Associates (1991) (a) Community 1 (b) Community 2	Program evaluation	2 communities	Unemployment, poverty, family dysfunction, higher-than-average rates of child abuse, alcoholism, frequent absenteeism, excessive tardiness, academic failure, aggressive social behavior, prior involvement with juvenile authorities, impending out-of-home placement, drug abuse and/or drug trafficking in the home, emotionally or mentally handicapped, behavior disorder	Restructure offering of services to children and families in need to create a caring community in which there is coordinated and cooperative effort among schools, state and local agencies, and the community to develop and promote family-centered prevention and intervention activities Ensure children remain in school while increasing success Ensure children remain safely in their homes while avoiding out-of-home placement Ensure children remain out of the juvenile justice system	State health, mental health, and social service agencies Schools Community Parents Private foundations	(a) Program has served several hundred children and households since its inception, with interventions ranging from classroom presentation to intensive case management (+) (a) Children receiving more intensive case management services had greater grade improvements than participating children with less services or in a control group (-) (a) Children improved grades and work habits (+) (a) Children's absenteeism increased (-) (b) Successfully began developing collaborative work and implementing planned activities (+)	School records	**Curr.-Based** (a) Drug knowledge (a) Social competency, cultural self-identity (b) Drug and alcohol prevention by developing self-esteem (b) Parenting skills (b) Problems with chemical dependency (b) Youth concerns (b) Develop refusal and coping skills **Services** (a) Behavior modification (a) Recreational activities (a) Case management (a) Drug prevention/ intervention (a) Health care (a) Child care (a) Pre-employment intervention

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Table 8
Features of Collaborative Integrated Services Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Caring Communities/Philliber Research Associates (1991), continued			Learning disabled, victim of sexual abuse, victim of physical abuse					(a) Tutoring (b) Case management (b) Student assistance programs (b) Provision of awareness information on improving self-esteem (b) Teen activity center (b) Student support groups (b) Inter-generational programs
Cities in Schools (CIS) Research & Evaluation Unit (1992)	Review of basic program evaluations	Results from over 31,000 elementary, junior high, and high school students at 35 local CIS sites (most recent enrollment figures provided)	Students at risk for school failure and dropping out; 75% are minorities, often from urban areas; students typically are eligible for JTPA and/or free or reduced lunch program	Vary by site, but among the most common goals are: Decrease in dropout rates Decrease in delinquency Prepare participants for adult work roles Improve school performance Improve school attendance Improve graduation rates Bring community resources to schools Provide case management approach Provide health services Provide tutoring Provide mentoring Provide recreational activities	Social services Community Parents Members of business community Schools	Provision of wide array of services (+) Outcomes may be recorded differently for each site: Percent of actual daily attendance (range 44-94%) ADA (+) Grade advancement rates (median 65.3%, range 3-100%) (+) Dropout rates (median 5.3%, range 0-37%) (+)	School records Descriptions of community involvement Program services	**Services** Counseling Tutoring Social services Contact with role models from business community
Fresno Tomorrow Inc. (No date)	Program evaluation	2,800 children	Socioeconomically and/or educationally disadvantaged children and their families	Increase the academic and social literacy of high-risk children Promote regular school attendance Reduce chronic transiency Strengthen family functioning and improve the home environment Empower parents to serve as effective partners in education and to act as positive role models in their children's lives Increase community accountability for the conditions of Fresno children by serving as a bridge for neighborhood involvement in education and human services Identify fiscal and regulatory barriers to the provision of comprehensive services to children and their families	Schools County governments City governments Colleges and universities Community-based service providers Parents Businesses	Provision of wide array of services (+) Parent involvement (+) School attendance (+) Decrease referrals for misbehavior (+) Of 60 high school students in the program, none had dropped out or become pregnant, and only 3 committed delinquent acts (+)	Manager assessment of care goals in individual cases Supervisor review of cases Department of Social Services quality control sampling State and federal program audits Statistical data compiled by staff not specified	**Curr.-Based** Family literacy, parenting/household mangement education Cultural enrichment Parent involvement workshops Positive recreational activities **Services** Case management referrals, screening, and assessments Home and school visits by case mangement Attendance incentives Community and family advocacy Cross-age tutoring

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Table 8
Features of Collaborative Integrated Services Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Fresno Tomorrow Inc. (No date), continued				Develop and demonstrate effective means to overcome institutional barriers				Parent and child support groups Mentoring
Jewish Family and Children's Services (1991)	Intervention study	102 teachers 758 1st-5th graders in 6 schools	Children with serious social and emotional problems and their teachers	Investigate whether emotional and academic well-being of children could be improved by providing social-work consultation services to public school personnel Work collegially to identify, assess, and address the problems of stressed children and their families Improve school personnel's ability to manage the problems confronting them Learn how to make effective interventions and referrals Improve the school environment as a whole	Philanthropic foundation Schools Social workers Jewish Family and Children's Services University faculty	Provision of wide array of services (+) Teachers reported increased sense of responsibility for children's learning (+) Children's internal locus of control increased (+) Teachers reported increase in knowledge and enhanced professional capability resulting from collaboration with mental health consultant (+) Teachers indicated an increased sense of responsibility for the success and failure of students as a result of self-perceived moderate increases in their ability to resolve job-related problems (+) Teachers' use of mental health consultation had a positive enhancing effect on children's self-expectations and academic achievement (+) Approximately 10% of the students in the project required and were referred for intensive mental health or social services (+)	Teacher self-reported attitudes and behaviors Pre/post student measures on self-perceptions School achievement perceptions of classroom environment	**Curr.-Based** Inservice training for teachers on classroom management, pedagogy, and diagnosis of child behaviors and attitudes **Services** On-site mental health consultation Referrals to social service agencies
Jordan & Hernandez (1990)	Program evaluation	1,939 children and youths 13 mental health programs	Emotionally and behaviorally disturbed children, many with a history of severe physical abuse, sexual molestation, and learning disabilities	Provide focused mental health care to reduce costs Maximize clients' daily living skills Provide collaborative mental health care to reduce costs	Social service agencies Vocational settings Correctional facilities	Provision of wide array of services (+) Cost avoidance (+) 20% decrease in out-of-county court-ordered placements (+) 22% decrease in recidivism by juvenile offenders (+) 25% reduction in rate of state hospitalizations of minors from 1980-81 levels (+) 10% decrease in out-of-county non-public school residential placements of special education pupils (+) 50% of children at risk of imminent placement able to remain at home at least 6 months because of intensive in-home crisis program (+) School attendance and academic performance improved in mentally disordered special education pupils (+)	Assume authors used county and state health records Methods for calculating outcomes were "negotiated in a series of meetings with the State Department of Finance" AFDC payment records Reports from family and school officials Woodcock-Johnson Psycho-Educational Battery	**Services** Case management Family preservation Family reunification Intensive out-patient services Enriched school classes for seriously disturbed children Foster care Private sector provides resources such as dental exams, clothing, or medical treatment Crisis residential home Corrections residential facility Mental health case management team Juvenile justice placement screening Protective services Placement screening committee Expanded special education IEP

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Table 8
Features of Collaborative Integrated Services Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Maryland Tomorrow (1990-92)	Program evaluation-3rd year	All children in Maryland's schools were examined Sample of Maryland Tomorrow's participants attending 25 schools were compared to comparable nonparticipants	Adolescents with low academic achievement and a history of being retained	Reduce the number of youths who drop out of high school Increase the number who successfully graduate and go on to postsecondary education or employment Enhance students' skills development Increase business involvement Provide successful transitions to work and school Improve staff development	Parents Private industry council (JTPA) Schools Employment training system Business community	7,000 students in 80 secondary schools received program services (+) Program participants who were promoted at the end of 1st year and received continuous services had a dropout rate of 9.8% compared to nonparticipants at 16.1% (cohort 1) (+) By the end of 1990-91, 27.9% of non-participants who had entered 9th grade in 1988-89 had dropped out; their dropout rate was 73% higher than Maryland Tomorrow's 3-year dropout rate of 16.1% (cohort 1) (+) Among cohort 1 students still in school, 56.6% who had not passed 4 of the competency tests passed an additional test in 1990-91, compared to 52.6% of nonparticipants (+) Maryland Tomorrow's participants were more likely to pass math and citizenship competency tests than controls (+) Among cohort 1 students, Maryland Tomorrow's participants had earned an average of 7 fewer credits than nonparticipants (-) Among cohort 1 students, Maryland Tomorrow's participants had a drop-out rate that was 18% lower than the 3-year dropout rate for nonparticipants (+) Among cohort 2 students, the impact of Maryland Tomorrow faded so that after 3 years the participants and nonparticipants had the same cumulative dropout rate (0) Cohort 2 Maryland Tomorrow's students continued to outperform nonparticipants on the Maryland Functional Tests (+)	School records Academic achievement using the Maryland Functional Tests in reading, writing, and citizenship Grades Academic credits earned End-of-year status (dropped out, failed, promoted) Site visits	**Curr.-Based** Basic skills enhancement Work experience Motivation Leadership development **Services** Student support and counseling Transition services Call parents to give positive feedback Continue efforts to locate and retrieve students who have been out of school as long as two months Arrange for early entry into vocational education
Orr (1989)	Program evaluation	11 school sites evaluated (19 in program) 740 students in evaluated schools	Youth at risk for dropping out	Link community resources to the needs of students at risk for dropping out Integrate nonacademic services with educational programs	Schools Community service agencies Foundations	Provision of wide array of services (+) Dropout rates of at-risk students reduced significantly (+) Academic performance increased (+) Absenteeism decreased (+)	Students' records (truancy, enrollment, academic performance) Interviews and questionnaires to determine client and staff perceptions	**Services** Coordination of access to mental health, medical care, child protective services, parenting skill classes, child abuse and drug/alcohol programs Support groups Individual counseling Case management Medical care Teen sexuality/parenting workshops, homelessness support Play/art therapy Family planning/pregnancy testing STD care

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Table 8
Features of Collaborative Integrated Services Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Orr (1989), continued								Job counseling/career planning/placement Transportation Food Clothing Recreational activities Child care
Mooney & Eggleston (1986)	Program evaluation	154 4th-12th graders in 5 schools	Students in rural schools	Integrate community mental health services with schools Enhance self-concept Increase sensitivity in response to other people and their life situations Problem solving, knowledge, and skills to seek assistance appropriately	Community mental health center Schools County agencies	Provision of wide array of services (+) Agency presence in school (+) Happiness with program coordinator (+) Referrals to agency (+) Students report that they are happy (+) Students' perception that they benefited from program (+)	Pre/post surveys	**Curr.-Based** Enhancing self-concept Increasing sensitivity Problem solving, knowledge, and skills to seek assistance **Services** Referrals to mental health, child and protective services

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Table 9
Features of Collaborative Parent Involvement Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Comer et al. (1988)	Program evaluation	306 3rd-5th grade African-American students: 176 from 7 experimental schools, 91 from 4 control schools, and 39 from 3 special schools (creative arts academy, gifted and talented, and Montessori) 98 teachers: 56 from experimental, 29 from control, and 13 from special schools 276 parents: 155 from experimental, 85 from control, and 36 from special schools	Urban youth	Change human interactions within school's social system to better serve students Open schools' social structure to a variety of inputs Increase parent involvement in schools Empower the community	Schools Parents Community	Student rating of improvement of classroom climate (+) Teacher rating of improvement of school climate (0) Parent rating of improvement of school climate (+) Decrease student absences (+) Improve classroom reading grades (+) Improve classroom math grades (0)	Classroom Environment Scales (Trickett & Moos) School Climate Survey Attendance records Classroom grades in reading and math	**Curr.-Based** Basic and social skills to improve self-concept and negotiate mainstream American society, including finances, political process, and securing jobs Academic skills (verbal ability, perceptual performance, quantitative ability, motor coordination) Stations manned by parents Parents involved in 3 sequential levels of participation: broad-based, day-to-day school affairs, and school governance **Services** Intervention staff provides individual programs for each high-risk child Mental health team
Epstein (1988)	Correlational research study	293 3rd & 5th graders	Urban youth	Increase student achievement in reading and math through teacher use of parent involvement	Schools Teachers Parents	Students' gains in reading achievement were related to teachers' active use of parent involvement (+) Student gains in mathematics were not (0)	Pre/post standardized tests School records	**Curr.-Based** Reading and math homework
Epstein & Dauber (1989)	Program evaluation	270 6th-8th graders	Urban youth	Increase students' awareness of works of art Develop students' ability to interpret and discuss works of art	University research center Schools Teachers Parents Grandparents	Increase knowledge of particular artists and their works (+) Develop attitudes and preferences for different styles of art (+) Increase willingness to convey likes and dislikes (+)	Pre/posttests of knowledge with free response expressing likes and dislikes	**Curr.-Based** Art and social studies
Epstein & Herrick (1991)	Intervention study	244 7th graders; 99% African American	Most students below average in reading and language skills	Maintain and improve students' English skills Increase parental involvement in student skills development	Schools Parents	Students with marginal pretreatment academic skills did better than expected in the autumn if they completed more home packets over the summer (+) Students who work with parents rather than alone complete more summer home learning activities (+) Urban middle-grade parents are eager to stay involved in their child's education throughout the year but require clear information from the schools on how to do so (+)	Student records-GPA Pre/posttest standardized achievement scores	**Curr.-Based** English skills activity packets for summer home use

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Table 9
Features of Collaborative Parent Involvement Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
Graue et al. (1983)	Meta-analysis/ quantitative synthesis	29 controlled intervention studies producing 121 effect sizes	Ethnic minorities, Urban and rural children Low income, low-achieving students	Increase the educationally stimulating qualities of the home environment Extend or multiply quality and quantity of academic instruction beyond the ordinary school day Stimulate children to be more receptive to lessons at school Promote closer family relations Increase children's academic achievement	Parents	91% of the 121 effect sizes favor treatments over control groups, the median es is .50 (+)	Achievement tests Curriculum specific tests Vocabulary Attitude tests Memory and perception tests Tests of study skills Observations	**Curr.-Based** Parents learn how to conduct sessions at home with children to increase reading skills Provide instructional materials, including children's books Social learning principles such as modeling and role playing to influence the child's choice of reading materials Provide perceptual skills and auditory motor instruction Involve parents with children's school progress Use contracts among superintendent, principal, teacher, parents, and child detailing their roles in the program **Services** Parenting classes
McCarthy & Still (in press)	Program evaluation	Single accelerated school	LEP, transient, low socioeconomic status, low academic achievement, ethnic minorities	Use comprehensive approach to improving schooling for children in at-risk situations as they enter the educational mainstream by the end of elementary school Develop capacity at the local school site for teacher empowerment and decision making Build on strengths of all members of the school community, including parents, by involving them in collaborative leadership and decision making	School Parents Community organizations Businesses Media	Improved communication among school personnel (+) Change in school governance structure empowering school personnel (+) Greater parent and community involvement (+) Adapting curriculum and instruction to needs of children (+) Increase student achievement (+)	Observations Interviews School records Standardized test scores Monitoring data collected during implementation	**Curr.-Based** Process for developing a school ethos of high expectations and acceleration Active learning Flexible grouping Integrated thematic learning Unique approaches to bilingualism Use of community and parents as resources
White et al. (1992)	Meta-analysis/ quantitative synthesis	20 interventions, including effect sizes, cited by prominent reviewers 193 center-based intervention studies	Parents of disadvantaged and at-risk students	Develop parenting skills Promote social and emotional support to family members Exchange information between parents and professionals Participate in program by parents Develop appropriate parent-child relationships Assist parents in accessing community resources	Parents Psychological services Social workers Schools	Results from 20 interventions cited by prominent reviewers: Parent as intervener (10 positive effect sizes between 0.01 and 1.00, 1 positive, es above 2.0, 1 zero es, 2 negative effect sizes between -0.01 and -1.00, 1 negative es between -1.0 and -2.0) (+) Parent as classroom aide (one es of 0.95) (+) Parental involvement in center-based programs: Immediate benefits to disadvantaged and at-risk children in high internal validity studies (0)	Not applicable	**Curr.-Based** Teach developmental skills Parent-child activities to enhance attachment Sensory stimulation Teach parents generic child management skills **Services** Parent serves as classroom aide

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Table 9
Features of Collaborative Parent Involvement Programs

Author/Project	Type of Study	Sample Size	Characteristics of Study Sample	Program Goals	Collaborators	Outcomes	Data Collection Tools	Curr.-Based vs. Services
White et al. (1992), continued		43 home-based intervention studies		Empower parents		Immediate benefits to disadvantaged children whose parents are extensively involved [low validity studies] (+, small es) Parental involvement in home-based programs: Immediate benefits to disadvantaged children whose parents had little or no involvement [high validity studies] (0) Immediate benefits to disadvantaged children whose parents had little or no involvement [low validity studies] (+, small es)		Counseling and support groups Assist parents in accessing available community and government resources Provide job- related skills to parents
Whitsett, et al. (1992)	Program evaluation (statewide)	10 pilot projects 1990-91 2,000 parents and their children, 242 of the 2,000 parents were teen parents	Low-income, ethnic-minority, LEP students and their parents; teen parents	Improve academic outcomes, attendance, and social behavior of students Provide parent education Increase parental involvement Provide support services	State Department of Health Community health agencies Community services, e.g., Child Protective Services Child care services organizations Medical clinics hospitals Area housing authorities Schools	Performance data for children whose parents were served and for teen parents enrolled in school, including: pre/post average grades, pre/post standardized test scores, meeting local criteria for making satisfactory progress, suspensions/expulsions, and attendance (0) 2,100 hours of training delivered to parents in parenting and child development (+) Nearly 25% of parents are part of school task forces or committees (+) Across 10 pilots, 129 agencies and organizations provided services (+)	Grades Standardized test scores in reading and math School records Logs of agency involvement Records of parent training sessions	Curr.-Based Training in parenting and child development Guided and structured activities with children Services Advisory services Counseling Case management Medical clinic Testing Child care Transportation

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Table 10
Positive, Neutral, and Negative Selected Outcomes for Each of the Six Programmatic Areas

Programmatic Area	Direction of Outcome	Special Emphasis*	Attendance	Achievement, Grade Point Average, & Academic Grades	Reduced Behavioral Problems	Self-Esteem	Dropouts	Number of Outcomes	Percentage of Outcomes
Parent Education,	+	22	2	6	5	2	1	38	79
School Readiness, &	0	6	0	1	0	1	0	8	17
Life Skills	-	2	0	0	0	0	0	2	4
Teen Pregnancy	+	4	0	0	0	0	1	5	83
Prevention & Parenting	0	1	0	0	0	0	0	1	17
	-	0	0	0	0	0	0	0	0
Dropout Prevention	+	8	6	7	0	5	**	26	72
	0	2	1	2	3	0		8	22
	-	1	0	1	0	0		2	6
Alcohol & Drug	+	14	2	2	2	1	0	21	78
Prevention & Abuse	0	4	0	0	0	0	0	4	15
	-	1	0	0	0	1	0	2	7
Integrated Services	+	9	4	8	6	2	6	35	95
	0	0	0	0	0	0	1	1	3
	-	0	1	0	0	0	0	1	3
Parent Involvement	+	8	1	6	0	0	0	15	68
	0	2	1	3	1	0	0	7	32
	-	0	0	0	0	0	0	0	0
		N %	N %	N %	N %	N %	N %		
Overall	+	65 77	15 83	29 80	13 76	10 84	8 89	140	80
	0	15 18	2 11	6 17	4 24	1 8	1 11	29	16
	-	4 5	1 6	1 3	0 0	1 8	0 0	7	4

* "Special Emphasis" refers to the main focus of the program. For example, the special emphasis of dropout prevention programs is the reduction of dropout rates; for alcohol and drug prevention and abuse programs, it is the reduction in use or delay of first usage of alcohol and drugs.

** Information on the number and direction of dropout outcomes is found in the Special Emphasis column for Dropout Prevention.

The National Center on Education in the Inner Cities

The National Center on Education in the Inner Cities (CEIC) was established on November 1, 1990 by the Temple University Center for Research in Human Development and Education (CRHDE) in collaboration with the University of Illinois at Chicago and the University of Houston. CEIC is guided by a mission to conduct a program of research and development that seeks to improve the capacity for education in the inner cities.

A major premise of the work of CEIC is that the challenges facing today's children, youth, and families stem from a variety of political and health pressures; their solutions are by nature complex and require long-term programs of study that apply knowledge and expertise from many disciplines and professions. While not forgetting for a moment the risks, complexity, and history of the urban plight, CEIC aims to build on the resilience and "positives" of inner-city life in a program of research and development that takes bold steps to address the question, "What conditions are required to cause massive improvements in the learning and achievement of children and youth in this nation's inner cities?" This question provides the framework for the intersection of various CEIC projects/studies into a coherent program of research and development.

Grounded in theory, research, and practical know-how, the interdisciplinary teams of CEIC researchers engage in studies of exemplary practices as well as primary research that includes longitudinal studies and field-based experiments. CEIC is organized into four programs: three research and development programs and a program for dissemination and utilization. The first research and development program focuses on the *family* as an agent in the education process; the second concentrates on the *school* and factors that foster student resilience and learning success; the third addresses the *community* and its relevance to improving educational outcomes in inner cities. The focus of the *dissemination and utilization* program is not only to ensure that CEIC's findings are known, but also to create a crucible in which the Center's work is shaped by feedback from the field to maximize its usefulness in promoting the educational success of inner-city children, youth, and families.

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